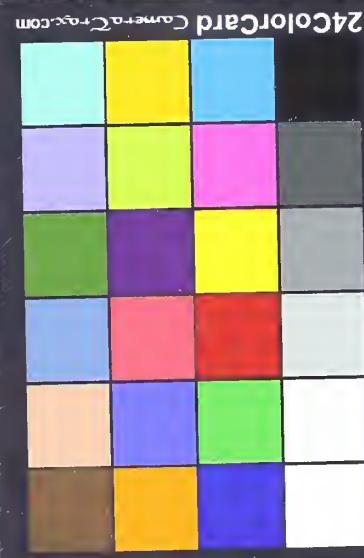




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# CHEMIST & DRUGGIST

The newsweekly for pharmacy

February 9, 1985

a Benn publication

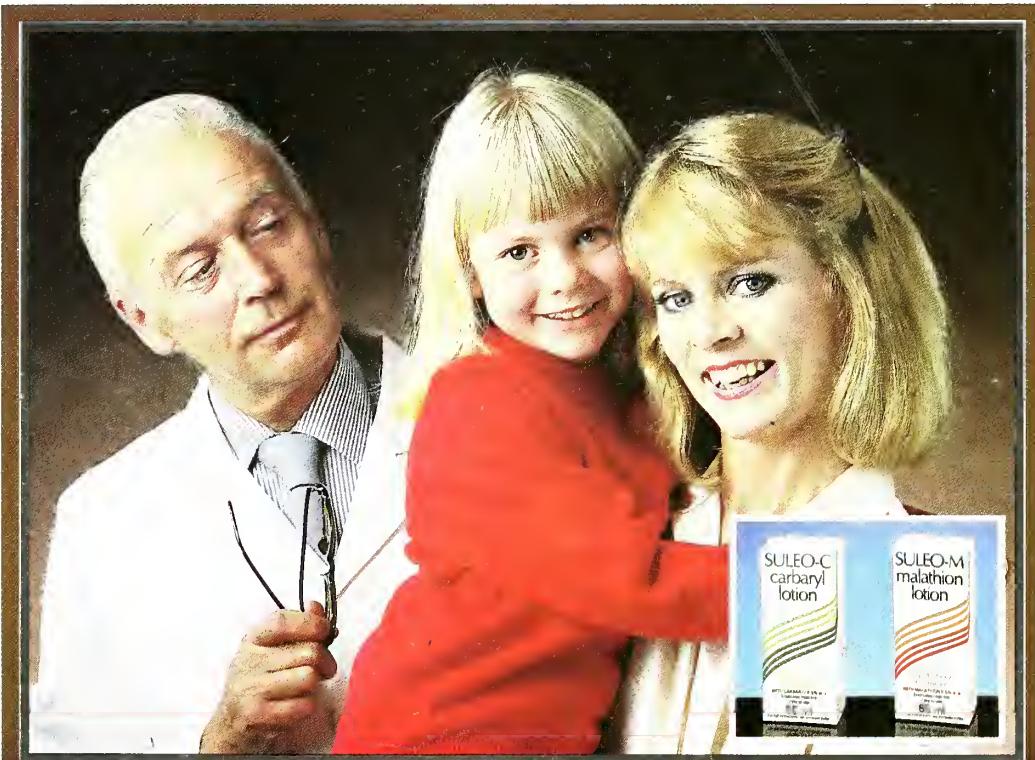
Modifications  
to laxative  
and analgesic  
lists confirmed

Ciba to sell  
for Inter-Labs

Guild calls for  
independent  
voice for  
'hospital'

New insurance  
from Vestric

Looking to  
the future  
at Queen's



**They Trust Your Advice for Treating Head Lice.  
And with new Suleo Lotions, compliance  
has never been easier.**

Until now, eradication of children's lice has always been a worry for mothers. They believe the strong, pungent smell of traditional lotions is an instant flag to others that the family has lice. And because 12 hour contact was recommended, this often resulted in extra laundering of school hats and pillow cases.

But now, you can be much more confident of parental compliance with a

louse control regime because International Laboratories have introduced Suleo-M Lotion (with malathion) and Suleo-C Lotion (with carbaryl). This new Suleo lotion range kills head lice and eggs in two hours. After this time, the patient's hair can be washed with an ordinary shampoo. This ten hour advance in speed of treatment enormously enhances the prospect of full patient compliance.

**Suleo-M and Suleo-C Lotions.  
A Major Step Forward in Louse Control.**



Another Guaranteed Product from International Laboratories

SELF-EMPLOYED  
PENSIONS  
SPECIAL FEATURE

# Which brand of plasters outsells all the others put together?



Last year it had almost 60% of the first aid dressing market.

This year it's spending £1.25 million on television, the only brand to really support the market.

Its Airstrip® and Fabric plasters

are brand leaders and with its Clear plaster it offers your customers the complete range.

It's also introducing new fabric fingertip and knuckle plasters which will be in assorted packs.

It's the one people ask for by name. It's Elastoplast.\*



\*Trade Mark

A Smith and Nephew product



February 9, 1985  
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## COMMENT

For some time Council has been considering the future role of pharmacy technicians in community pharmacy and hospital practice. *Chemist & Druggist* understands. At present the policy is likely to cover both community and hospital pharmacy. Rumour has it that one proposal is that a suitably qualified technician should be able to dispense without supervision in either branch of the profession. It is to be hoped this is given the "treatment" and that community pharmacy, at any rate, is freed from so short-sighted a suggestion.

There are those in the profession who find the burden of having to supervise Pharmacy-only medicine sales while simultaneously checking that prescriptions have been dispensed correctly, both onerous, and at times, faintly ridiculous. But this requirement remains the very cornerstone of our calling and distinguishes pharmacy from grocery and from dispensing GPs.

In Europe, Dutch pharmacists have accepted the right of a technician to dispense in their absence, but they remain responsible in law. C&D understands the proposal is that community pharmacists in Great Britain would also remain responsible, in law, but there the parallel ends. In Holland a pharmacy must have a sole proprietor pharmacist: this is the case in all other EEC countries except Ireland, Belgium and the UK. Because we allow multiple ownership of pharmacies in Britain with at present, one pharmacist per pharmacy, any relaxation of the

supervision requirement will be undesirable professionally. It could also lead to one pharmacist being responsible in law for the scripts dispensed by technicians in pharmacies located close to each other. If community pharmacy wishes to commit professional suicide this is a sure prescription. Such a system operates in Sweden where pharmacies have been nationalised: around 40 per cent of pharmacies have no pharmacist, just a trained "prescriptionist".

With the Nuffield report on pharmacy likely to be published later this year, along with the Green Paper into family practitioner services and the new contract, the last thing the profession needs is a proposal which so undervalues the professional status of the pharmacist. It does not follow that what is professionally expedient and acceptable in the hospital service for technicians trained to the new TEC certificate is right for community pharmacy. While it may be desirable for community pharmacists to be free of some of the mechanics of dispensing, the pharmacist must always be available. If he is not required to supervise every act of dispensing it cannot be argued that he needs to be there at all. Pharmacists are supposedly seeking to develop their role. It is to be hoped that the Society will not be instrumental in providing Government and the profession's detractors with a tool to inhibit it.

# Changes confirmed on limited list

The Minister for Health, Kenneth Clarke, has said there will certainly be modifications on laxatives and analgesics in the limited list, but he is adamant that the list be introduced on April 1.

Speaking to an all party parliamentary group on the pharmaceutical industry on February 4, Mr Clarke said that a "white list" — those products that would be allowed — would be published towards the end of this month.

He could not be more precise on the details, said Mr Kevin McNamara (Lab, Hull North), chairman of the group, because the "seven wise men" advising the Chief Medical Officer had not finished going through the list. Some 1,800 doctors had now written to the CMO.

The Statutory Instrument containing the schedule with the "blacklist" would be published sometime the following month, in order to give Parliament time to discuss it before implementation on April 1.

Members of the group told the Minister and Secretary of State Norman Fowler that they considered the timetable wholly inadequate. Mr Malcolm Thornton (Con, Crosby) said he was concerned that there would be insufficient time for comments from doctors on the revisions.

"Members' correspondence has changed from the opening shots," he said.

## BMA 'should be involved'

The Welsh Consumer Council has urged the British Medical Association to re-think its boycott of discussion over the Government's plans to limit the range of drugs doctors can prescribe on the NHS.

In a letter to Dr Michael Wilson, chairman of the General Medical Services Committee, WCC chairman, Shelagh Salter, says the BMA's involvement is essential if any limited list is to be complete.

WCC has also written to Health Minister Norman Fowler, criticising the Government for insensitivity and unnecessary haste in launching its plans. "The list put forward should be seen as providing no more than a basis for consultation rather than *fait accompli*,"

"One is now getting very reasoned letters from GPs casting very real doubts on the efficacy of the drugs available on the list.

"This reasoned approach is starting to bite fairly hard on MPs."

"The Minister told us clearly that they're going to save £100m and they're not going to look at any of the alternative methods of saving that £100m put to them by the industry," said Mr David Lambie (Lab, CunninghamS). "So the 'white list' can't be changed substantially from the existing list." The group had pointed out that £138.2m of research and production investment in the British pharmaceutical industry, had been deferred or cancelled since November.

"The Secretary of State accepted that continued uncertainty for the industry would be detrimental to it in terms of investment and confidence. Both he and the Minister emphasised their continuing support for the industry," said Mr McNamara. "The Secretary of State said that his mind was open on the question of appeals by individual companies about the list, and also the possibility of appeals by individual patients," said Mr McNamara.

Sixteen MPs headed by Mr Robin Hyslop (Con) have tabled a parliamentary motion seeking to persuade the Government to give the Commons an opportunity to amend the limited list drawn up by the DHSS.

said Mrs Salter. "The provisional list has obvious omissions, there is no formal machinery for selecting drugs, the consultation period is inadequate and the question of implementation has been ignored."

The WCC is not opposed to the idea of an agreed limited list, but believes it is crucial that the list is comprehensive. Doctors should be encouraged to prescribe cheaper alternatives to branded drugs, but should be able to insist that consumers are given a certain brand if they think it necessary.

"There is an inherent defect in the market for prescribing medicines which suggests that producers are making larger profits than they would if there was effective competition. Consumers in the open market are buying more and more unbranded products. This suggests that if consumers could buy all drugs without prescriptions, they would opt for unbranded, cheaper preparations."

## ABPI negative list alternative

The House of Lords was debating the limited list proposals as C&D went to Press. In a briefing circulated to Peers last week the Association of the British Pharmaceutical Industry said it would be prepared to discuss a negative list. It also said savings could be made in the pharmaceutical distribution chain.

Around £500m is spent on NHS medicine distribution through margins to wholesalers and fees to pharmacists — savings could be made, says the ABPI. "Here again government may be inhibited by political as well as social considerations, and its long term need for allies in any plans it may have to limit the freedom of NHS doctors to treat their patients as best they can."

ABPI spokesman Peter Lumley told C&D: "We haven't gone into fine detail — it's just a basis to explore other ways in which savings may be achieved. It should not be given too much emphasis."

Medicine wastage figures are sometimes exaggerated in cost terms and any form of "negative indications" list might prove damaging, says the ABPI. "A negative indications list may not be less damaging to industry but would be less damaging to patients," Mr Lumley said. It would discourage treatment of genuinely minor conditions at public expense.

The ABPI points out that as the time of implementation of the proposals draws closer the Government has still to answer a substantial number of questions on the implementation of the list. A DHSS spokesman said no information on the working of the list was available other than the points already divulged. He did however confirm that the DHSS was definitely drawing up a "black list" for the Government to legislate on, and a "white list" for guidance on what was to remain.

Minister of Health Kenneth Clarke has no plans to make inquiries of manufacturers, wholesalers and community pharmacists about possible stock losses associated with the limited list, he said in the Commons last week. The Pharmaceutical Services Negotiating Committee has announced its intention to carry out a survey to establish dead stock holdings as at April 1 (C&D January 26, p164), and was hoping for DHSS collaboration.

An adjournment debate on the Government's proposal limited list was to take place on Thursday.

## Coleman refuses to sign Act

**Community pharmacist Mr David Coleman, one of the members of the group appointed to advise the Government on the limited list of prescribable medicines, has refused to sign the Official Secrets Act.**

Mr Coleman told C&D he did not sign because he felt that as a professional his word was good enough. "I knew the discussions were confidential and was prepared to treat them as such," he said. "Neither was I pressured to sign when I

refused", he added.

As for Labour's chief spokesman on health Mr Michael Meacher's description of the expert committee as "tame watchdogs", Mr Coleman told C&D: "I'm nobody's tame watchdog".

In a written Commons reply this week Social Services Secretary Mr Norman Fowler said that members of the group would have access to information of considerable financial value to those with an interest in the pharmaceutical market. "They are people of considerable distinction, however, and we have complete confidence in their discretion and judgment. They have been encouraged to consult colleagues outside the group about the clinical aspects."

## PSGB's doubts about list

**The Pharmaceutical Society has cast doubts on the notion that the list would promote good prescribing in addition to cutting costs, and criticised the classification of the provisional list.**

The Society suggested to Minister for Health Kenneth Clarke that there were hidden costs in implementation, especially if the public got the impression doctors cannot prescribe for common disorders and delayed consultation until they developed serious enough symptoms.

Some of the preparations on the list are inelegant, unpalatable, and both inadequately packaged and stability tested. The Society criticised the list on the basis of workability and patient needs.

The Society had come to a number of conclusions on the content of the provisional list. The list of antacids had no alginate preparations for reflux and hiatus hernia, no aluminium and magnesium balanced preparations, and no dimethicone preparations for flatulence.

On the basis of medical need: elderly patients; stoma patients; pregnancy, hepatic encephalopathy; bowel evacuation, relatively few laxative products should be excluded. The antitussives list did not have adequate paediatric preparations, diabetic preparations, antihistamines and expectorants.

It was concerned about whether the needs for analgesia of patients with rheumatic disorders and osteoarthritis would be covered by the list — a decision on the separation of acute pain from chronic or rheumatic pain would be difficult.

The Society concluded that the list contains anomalies that will cause inconvenience and the possibility of confusion to doctors, nurses and pharmacists, with consequent potential hazard for the patient. The Society suggested the establishment of a "restricted list" category in the Drug Tariff of "very expensive" preparations requiring specific justification.

The Society also drew attention to the inevitable consequences of the list — economic damage to the British pharmaceutical industry.

## Opticians' ads

**Independent opticians have prepared a local Press campaign in anticipation of a relaxation of their advertising rules.**

The campaign forms part of a package aimed to help independents compete with the multiples and the unqualified retailers who can now sell spectacles. The advertisements have the theme "Take an eye test, you can't fail" and encourage people to visit "highly qualified professionals called optometrists

(ophthalmic opticians)" for a free sight check.

They point out that optometrists have spent four years training and, besides detecting eye defects, can spot early signs of other medical conditions.

The profession is waiting for a Privy Council ruling allowing advertising.

The Society has deprecated the removal of the optical profession's monopoly on the supply of spectacles. It believes that, in the interests of the public, all spectacles should be supplied under the supervision of a properly trained professional, ie an optician.



Parimal Bavia (left), MPSNI, of Merville Pharmacy, Whiteabbey, co Antrim, can thank a Macleans toothpaste promotion in January for his new colour television. Ken Moody (right), general manager of Barclays Agencies, and Beecham area representative Bill Ramsey broke the good news

## 'Life' for class A CD offences?

**The Controlled Drugs (Penalties) Bill would increase penalties for certain offences under the Misuse of Drugs Act 1971.**

The maximum sentence for conviction on indictment of an offence of unlawful production, supply or possession with intent to supply a class A drug would be increased to life imprisonment. The Bill (HMSO £0.75) has been presented to the Commons by Mr Keith Raffen, MP.

## EEC denies Adam's claim

**Ex-Roche manager Stanley Adam's claim that the European Commission betrayed confidence when he informed it of illegal price fixing by Hoffman-La Roche has been denied by the Commission, according to a report in the Daily Telegraph last week.**

There was no undertaking on confidentiality about information given to the EEC in 1973, says the report.

A hearing for further evidence from both sides is provisionally fixed for May 21 or 22, says the *Daily Telegraph*. A judgment is expected in the Autumn.

Last week's headline on p211 should have read "Adams claims £1/2m from EEC", not as stated.

# "When I get a cold sore all I want to do is hide my face"



Last year, 15,000,000 attacks of cold sores were suffered. 500,000<sup>1</sup> of them were so severe, or so embarrassing, that patients sought treatment from their doctor.

Now, there is Zovirax Cream, an important achievement of Wellcome antiviral research.

Fiddian *et al.*<sup>2</sup> found that treatment with Zovirax Cream achieved impressive results.

When treatment was begun before lesions developed, 42% of lesions were suppressed, compared to only 11% with placebo ( $P=0.04$ ).

For the best results, treatment with Zovirax Cream should begin as soon as possible during an attack, preferably during the prodrome, so that the

“...proportion of lesions effectively aborting may be increased to a third or more.”<sup>2</sup>

With early treatment, the cold sores may not show their face.

<sup>1</sup>Data on file

<sup>2</sup>Fiddian, A.P. *et al.* (1983), *British Medical Journal*, **286**, 1699

## At the first sign of a cold sore

# ZOVIRAX CREAM

ACYCLOVIR

#### Prescribing Information: Zovirax Cream

##### Presentation

Acyclovir 5% w/w in a white aqueous cream base.

##### Uses

Treatment of herpes simplex infections of the skin including initial and recurrent genital herpes and herpes labialis

##### Dosage and Administration

Zovirax Cream is applied five times daily at approximately

four-hourly intervals. Treatment should be continued for

5 days. If healing is not complete, treatment may be continued for a further 5 days. Therapy should begin as early as possible after the start of an infection, preferably during the prodromal period.

##### Contra-indications

Patients known to be hypersensitive to acyclovir or propylene glycol.

##### Warnings and adverse effects

Transient burning or stinging following application may

occur. Erythema or mild drying and flaking of the skin have been reported in a small proportion of patients.

##### Basic NHS cost

2g tube £4.86 10g tube £14.66

Product Licence No. PL3/0180.

Further information is available on request.

Wellcome Medical Division

The Wellcome Foundation Ltd, Crewe, Cheshire

POM

## Guild calls for independent 'hospital' voice

Hospital pharmacy needs a voice that is separate and independent from the Pharmaceutical Society which has to represent the profession of pharmacy as a whole, says Guild president Michael Cullen.

The Guild had to become more active rather than reactive, within the pharmaceutical profession and in the promotion of health care in general. To fulfil these aims in the 1990s and beyond, the Guild would have to develop a ten-year strategy for hospital pharmacy, Mr Cullen told the Guild council at its February 1 meeting.

The elements of the strategy would include:

1. Improvement of communications with outside organisations, to ensure increased consultation on all professional documents
2. Establishment of standards of practice for hospital pharmacy
3. Development of an active role in the advancement of the practice of hospital pharmacy
4. Design/establishment of policy/procedural documents on aspects/methods of pharmacy practice
5. Establishment of postgraduate educational programmes and in-service training/current awareness. Also in-service training programmes for technicians and other pharmacy personnel
6. Design of methods of accreditation — appraisal and assessment
7. Promoting clinical, scientific and practice research within hospital pharmacy
8. Taking an active role in both pharmaceutical and health care fields in promoting the multidisciplinary team approach to the provision of health and pharmacy role within
9. Promoting the hospital pharmacist's role to other health care professionals
10. Promoting the hospital pharmacist's role to the public and non-health care bodies
11. Taking an active part in health education
12. Development of relationship with industry and

establishment of an active and continuing dialogue.  
 13. Ensuring the establishment of a quality professional journal of a high standard.  
 14. Bring together the various pharmaceutical organisations that have an interest in hospital pharmacy.

It was accepted that the Guild would not act in isolation in achieving these elements but must develop them in close co-operation with the Pharmaceutical Society and other bodies. Council members agreed to this outline strategy and the Executive Committee would now consider the operational plan.

**Limited list:** Reid Lowther, professional secretary, had replied to the DHSS on behalf of the Guild. It was thought that greater savings could be made by encouragement of generic substitution in the community and by limiting the quantities of drugs prescribable. The list was too restrictive by far and examples of drugs to be added were suggested.

**Emergency duties:** Donna Haber, divisional officer, reported that at a joint meeting of Pharmaceutical Whitley Council on December 20, 1984, agreement had been reached on the structure for emergency duties by hospital pharmacists.

**1985 pay claim:** The next full meeting of Pharmaceutical Whitley Council was scheduled for February 22, and it was agreed an "across the board" claim for the 1985 pay round should be submitted at that meeting.

**London weighting increase:** Bill Brookes, vice president and representative on General Whitley Council, informed Council that the London Weighting Consortium had recommended an "across the board" increase in London weighting payment of 4 per cent. If agreed, this award would be backdated to July 1, 1984.

discontinue any insulins and would continue to supply in accordance with the wishes of the British Diabetic Association.

Paul Davidson of Nova Laboratories told *C&D*: "We will maintain supplies of U40 and U80 through our distributors Farillon until the point at which the BDA declares the changeover is complete."

"The obligation is on all of us to bring about pressure whereby the last few patients are changed."

The BDA estimates that 152,000 insulin-taking diabetics had been changed to U100 by the end of 1984.

Liquifilm Tears, manufactured by Allergan, was shown in error as a deleted product in the *Supplement* of January 26. The product is still available: PIP Code 319-848, price (trade) £1.33 per 15ml. We apologise for any inconvenience this may have caused.

Nordisk say they have no plans to

*Chemist & Druggist* 9 February 1985

## Schemes to beat HD rule slated

A variety of schemes are being put forward by companies to beat the Government's high discount endorsement rules. Such schemes have already been condemned by the NPA.

The HD scheme requires contractors in England and Wales to endorse scripts for drugs bought at discounts of 12 per cent, or more, "HD": the PPA then deducts 20 per cent from the Drug Tariff price when that script is costed.

*Chemist and Druggist* has been told of one wholesale company which offers a straight 12 per cent discount on its drugs but pays a fee to any contractor filling in a survey form once a month. Another company gives a 12 per cent discount on all drugs purchased except one: on this drug a 90 per cent discount is offered. Yet another company invoices less 12 per cent, but offers to send additional discount to any bank nominated by the purchaser.

Other incentives include financial deals, bonuses in goods and credit notes for drugs that were never ordered or delivered. Contractors have also been advised by some companies that goods delivered this year, but invoiced to December 1984, are exempt from the HD scheme. *C&D* understands this is not so.

In its January *Supplement* the NPA cites other suggestions put forward by "short-run wholesaling spivs" including one to form a separate wholesale company to supply your pharmacy at list price. The NPA says that even if such schemes are not actually criminal, they are arguably fraudulent and most certainly are unprofessional.

## More Opren court action?

The Opren Action Committee hopes to bring to the High Court some 700 cases of alleged damage to patients who took the drug, if manufacturers Eli Lilly, refuse to accept liability.

The Committee believes it has "new" evidence which is sufficiently sound to win them the case should it go to court.

A spokesman for Eli Lilly's UK subsidiary told *C&D* they had been notified of the committee's intentions but are not accepting liability. As far as the company is concerned nothing has changed regarding the drug. It had acted properly and responsibly over Opren.



## A £1m denture fixative campaign continues tonight.

There are 18 million denture wearers, not unlike Joe Jordan here.

In a bid to speak to as many of them as possible, we're spending £1m during 1985. Because the more people we reach,

the more product you sell. And as Super Wernets, Super Poligrip and Dentu-Hold already account for 77% of the market, we've even saved you the bother of having to stock anything else.

**SUPER  
WERNETS**  
Denture Fixative  
Powder  
Double adhesive formula for superior denture control and confidence

FRESH MINT FLAVOUR  
**SUPER POLI-GRIP**  
LONGER HOLDING  
DENTURE FIXATIVE CREAM

**Dentu-Hold**  
LIQUID DENTURE  
FIXATIVE

## Number of scripts up

The number of prescriptions dispensed by pharmacists in England rose by 1.86 per cent in 1983/84 to 317,486,779. Scripts dispensed by doctors rose 2.8 per cent to 20,182,902. In addition 1,383,585 items were personally administered.

Costs also rose, according to the Prescription Pricing Authority report for the past financial year. Pharmacist dispensed scripts rose in cost by 9.4 per cent to £1,331.5m, and the average cost per prescription rose 7.4 per cent to £4.19.

Of the scripts dispensed by doctors, 18,841,172 were reimbursed on the Drug Tariff basis at a cost of £89.98m, 10.6 per cent up on last year. The average cost per script was £4.78.

Computerisation of the pricing divisions continues against a script intake 6 per cent higher than that envisaged when the feasibility study was completed in 1980/81. The Northumberland and Durham divisions are now "live", with Newcastle, Bolton and Preston scheduled to be on line by April.

"The resources of the Authority too have been stretched to maintain the services to FPCs and contractors," PPA chairman Mr G. Dinsley says in his report. He cites central initiatives for efficiency, the revised discount scale introduction in August 1983, and the introduction and subsequent withdrawal of the discount surcharge.

The number of oxygen scripts rose 9.5 per cent to 367,762, at a total cost of £8.36m. Fees came to £148,354 and delivery allowance to £3.78m.

## FPC orders

**Two further Orders relating to the new Family Practitioner Committees have been published.**

The FPCs (Modification of Constitution of Specified Committees) Order 1985 (SI 1985 No 66, HMSO £0.75) provides for increased membership of Cornwall and the Isles of Scilly, Essex, Hampshire and Kent FPCs. It comes into effect on February 21.

The FPCs (Consequential Modifications) Order 1985 (SI 1985 No 39, HMSO £2.70), coming into effect on April 1, notes the changes to certain existing Acts made necessary by section 5 of the Health and Social Security Act 1984.

## Something more than counting

"Allo John, gotta new computa?" If you can put a tune to those words you're either a lot younger than me or you have offspring whose decibel appreciation ensures the whole household gets the kind of repetitive brain indoctrination that leaves the old water torture looking like a teddy bear's picnic. Computer thoughts were put into my mind again by last week's articles on patient records... and the realisation of just how time flies when you're enjoying yourself.

Early into the computer field were you? Bought one of those dedicated (made specially for the job, Sir) labellers, even before the Society threatened you with extinction if you didn't? Oh, I see, you traded it in last Autumn for one with the Society's new warnings and a floppy disk drive. Lucky to get anything at all for the old one, really? Well, be ready with the cheque book again, Dad, 'cause now you want a hard disk and goodness knows how many "Ks".

Perhaps it's because I lavished so much love on coaxing my typewriter into old age that I was rather struck by the interviews with two pharmacists using a card record system rather than a computer. Mr Jerry Shulman's patients keep a record of their own (supplied by Mr Shulman), which Mr Shulman generously suggests should be

shown when visiting other pharmacies (none of this "always come back here because we've got your records" touch), as well as to the doctor or dentist. Lots of professional satisfaction (even if no money) seems to be generated... not the great savings of life we may like to think, but certainly some dangerous situations averted, along with many opportunities to save both patients and doctors considerable inconvenience. My own feeling is that the benefit of patient records may come, not so much from the application of 1980s technology, but from the extra opportunity records give us to prove we do something other than count the tablets.

Like Mrs Roberts, I know most of my patients — I see we both have shopping parade pharmacies — and I make sure they see my professional expertise in action when I hand out their medicines. But I can give them protection, only because I recognise their names and their faces and am here most of the time. Should it really depend on my memory though? And should my involvement with their over-the-counter purchases depend upon my staff, or my not being distracted by other demands of the shop at the time?

In the larger business, or where several pharmacists and locums operate, the problem must become quite acute. Perhaps where there are patient records, and the patient gets to know about them, the stimulus for checking will not need to come from the pharmacist at all.

## Another chance to get closer

We have another chance to get closer to patients and customers with the limited list. I've been surprised at how far down the political scale the debate has come — our area TV station has conducted interviews with specialists, and there have even been letters in the local free sheet. OK, so it's all down to the PR men of the industry and the medical profession, but without a lot of advance publicity I fear pharmacists will be on the receiving end of much fury and misunderstanding when patients are denied their favourite remedies after April 1.

Mr reader (caught you in the act, did I — knew you were out there somewhere) may recall a story I related last Summer about the 80-year-old who resented the "loose" generic tablets which took the place of the foil-packed brand he was used to — and relied upon to help him get the right tablets and dosages for himself and his wife. How many similar situations will

there be in a couple of months time? How many elderly people will get confused? And how can we make sure we don't share in the blame? I don't know that "capitalising on this sales opportunity" is really an image I can afford to portray.

However, like Mr Allen of East London, I worry about those patients who will not be coming to the pharmacy — either to complain or for their medicine! Mr Allen's letter predicts that some manufacturers will go all out for GSL classifications, and they're no fools. Even if the doctor does tell a mother to ask the chemist for a cough mixture for little Freddy, will she? Or will she instead decide on the brand she saw on the goggle box last night.

With analgesics and cough and cold remedies among the prime candidates for drug interaction in some patients, it would seem Mr Allen's renewed call for all medicines to be restricted to pharmacies has never been better timed. After all, without being in control of the OTC element, can patient records ever be complete? I can just see the checkout girl filling in one of Mr Shulman's drug treatment cards.



## £0.6m push for Amplex re-vamp

Ashe Laboratories are relaunching their range of Amplex deodorants in a bid, they say, to gain brand leadership. More than £600,000 support is planned for the brand.

The relaunch includes a new formula and variants, a new look bottle and graphics described as bolder and more modern with a two-tone wavy logo.

Jade and fragrance-free variants have been added and fresh has an improved perfume, says the company.

Jade replaces the herbal variant. It has a fresh, natural fragrance say Ashe. Fragrance-free is suitable for sensitive skins or for women who do not want their deodorant to clash with other perfume.

The deodorant retails at around £0.50 and comes in cases of 24.

Support for the brand include full page advertisements in general and women's magazines. There will also be a poster campaign running in London and major conurbations in April, say Ashe Laboratories Ltd, Ashtree Works, Kingston Road, Leatherhead, Surrey.

## Ice mint double

Ice mint is a new flavour in the Double Amplex fresh breath capsules range.

Both the new variant and original Double Amplex appear in new packaging featuring the wavy Amplex logo. Ice mint and original capsules come in three sizes: 28s (£0.65); a new 60s single dispenser carton or blister pack (£1.15), and 140s refills (£1.85) packed in 6s in a full colour display case. POS for the relaunch and new product consists of a vacuum-formed display with headercard prepacked with a case of each variant size. Associated with the POS is a trade competition.

Ashe's Double Amplex blue mouthwash 300ml is being replaced with a 450ml size. Ashe Laboratories Ltd, Ashtree Works, Kingston Road, Leatherhead, Surrey KT7 7JZ.

## Scholl trip Lite fantastic

A television campaign covering Scotland, Tyne Tees and Yorkshire will promote Scholl Lite Legs support tights. It will run from the end of February throughout March, with a national-equivalent spend of £1 million.

Advertising on videos placed in maternity clinics will be used to promote Lite Legs maternity support tights nationally until the end of the year.

Scholl are converting their footcare units during February and March to give retailers more flexibility and to enable them to cater for seasonal and promotional activities. The converted units will also allow the display of new products, planned for later in the year, say Scholl.

Ten sporting holidays for two in southern Spain are the first prizes in a competition to promote Scholl fitness sandals.

The winners will have seven nights full board at a hotel in Mojacar, plus £100 spending money. There are 50 runners-up prizes of Horizon flight bags with Coppertone sun care products and a Scholl pedicure set.

Using the form provided at POS, entrants are asked to put in order of priority six reasons why fitness sandals are ideal holiday footwear. One proof-of-purchase qualifies for entry and the closing date is July 15.

Scholl are also running a window display competition for chemists. A fitness display pack is provided and first prize is 12 cases of Mojacar Spanish wine. Runner-up prizes include footcare and Coppertone products.

Chemists should send a photograph of their fitness display to arrive before April 30, to Scholl sandal marketing department, 182 St John Street, London EC1P 1DH.

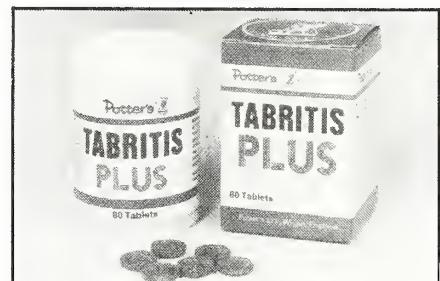
## Green Arrow flies nationwide

Vapona Green Arrow fly and wasp killer (200g), on limited sale last year through Boots only, is now available throughout the trade.

The company says Green Arrow's naturally occurring insecticide and fragrance meet consumer concern about the safety and smell of aerosol insecticides. It also has a non-removable safety cap which gives directional spraying.

Vapona have added a safety cap to Insectipen and repackaged it in a narrower carton. The restyling is backed by a consumer promotion, offering a free fibre-tip pen and the chance to win £50 for the best publicity slogans.

The 1985 advertising spend for Vapona will be £120,000, says the company. Both Insectipen and Green Arrow come in outers of 12, at £9.99 and £9.52 respectively, from Chemist Brokers Ltd, Milburn, 3 Copse Lane, Esher, Surrey.



Tabritis Plus tablets from Potter's (Herbal Supplies) is a product based on the Tabritis tablet, with added kelp. The extra ingredient adds trace minerals, says the company. The tablets come in tubs of 80 to retail at £2.38. Potter's (Herbal Supplies) Ltd, Leyland Mill Lane, Wigan, Lancs

## SPECIALITY BRIEFS

**Additional strength of generic verapamil:** A 120mg verapamil is now available from Approved Prescription Services (100, £13.58 basic NHS). The white, film coated tablets are manufactured by Generics (UK) Ltd. Approved Prescription Services Ltd, PO Box 15, Whitecliffe Road, Cleckheaton, West Yorks.

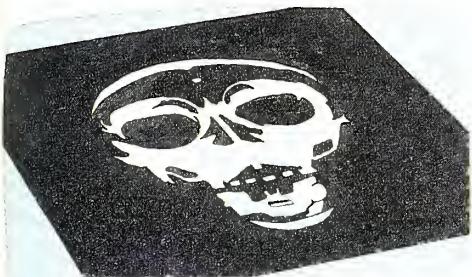
**Hoechst remove tartrazine:** Because tartrazine has been discontinued as a colouring agent, slight colour difference may be seen in future supplies of Merital capsules 25mg and 50mg and in Lasix 500mg tablets, say Hoechst UK Ltd, Hoechst House, Salisbury Road, Hounslow, Middlesex TW4 6JH.

**APS Generic dipyridamole:** Approved Prescription Services have introduced generic dipyridamole tablets 25mg and 100mg. The 25mg tablets are orange, sugar coated (100, £3.69) and 100mg tablets are white, sugar coated (100, £10.29, both basic NHS), and are available from Approved Prescription Services Ltd, PO Box 15, Whitecliffe Road, Cleckheaton, West Yorks.

**Combantrin in sixes:** Combantrin tablets are now available in packs of six (£0.54 trade). Pfizer Ltd, Sandwich, Kent.

# The Sinutab message which brings relief to so many.

This is an X-ray of a sinus sufferer.



Sinutab clears the congestion and relieves the pain quickly.



Sinutab - fast relief from sinus congestion, headache and pain.



## Sinutab\*

Clears nasal & sinus congestion  
Relieves headache & pain



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\*Independent research  
Further information is available on request  
Sinutab is a trade mark  
R84063

Composition: Each tablet contains: Paracetamol Ph. Eur. 500 mg; Phenylpropanolamine hydrochloride B.P. 12.5 mg. Indications: For the relief of nasal and sinus congestion and associated headache. Also indicated for the relief of sinus pain, fever and congestive symptoms associated with the common cold, influenza and hay-fever. Dosage: Adults: Two tablets three times daily. Do not exceed six tablets in any twenty-four hour period. Elderly (over 65 years): As for adults. Children: Not recommended for children under fifteen years of age. Contra-indications, warnings, etc: Hypersensitivity to any of the constituents. Should not be used during treatment with MAOI's or for two weeks after completion of therapy. Not to be used during pregnancy. Use only with great caution in patients with hyperthyroidism, hypertension, cardiovascular dysfunction, diabetes mellitus and impaired liver and kidney function. Paracetamol can cause skin eruptions and haematological reactions have been reported very occasionally. Product licence no: 0019/0071 Cost: 15's x 12 List Price ex. VAT £8.19 30's x 6 List Price ex. VAT £16.74



## Bonne Bell's slimming trick

Eylure are introducing a new slim-line bottle to their Bonne Bell 10-0-6 deep pore cleanser range.

The new bottle is slimmer and more elegant than before and is designed to give the bottle greater shelf impact, says the company. The regular and mild deep pore cleanser lotion will feature a white on blue background logo to match the already existing packaging of the cleansing bar.

Quantities and prices have changed, so that there are 125ml and 250 ml sizes available: regular lotion (125ml, £1.65, 250ml, £2.95); mild lotion (125ml, £1.65, 250ml, £2.95), cleansing bar (£0.95), lipsmackers (£0.49).

The regular and mild lotion both come in a promotional size of 50ml (£0.85). The regular lotion is also on offer for £4.70 (500ml). *Eylure Ltd, Grange Industrial Estate, Llanfrehfa Way, Cwmbran, Gwent.*

## National Velvet for Kleenex

Kleenex Velvet toilet tissue is being launched in Scotland with the support of a television campaign.

This move follows the rapid growth of the brand in England, say Kimberly-Clark, after its introduction into the south in July 1982 and its launch into the north of England last April. Velvet will replace Kleenex Softex in Scotland.

A television campaign in the STV, Grampian and Border regions breaks early March and will run for 12 weeks.

The Scottish campaign will be backed by a door-to-door distribution of one million leaflets containing a 10p-off coupon and the offer of £1 cash in return for the wrapper from four twin-packs of Velvet or two four-roll packs. *Kimberly-Clark Ltd, Larkfield, Nr Maidstone.*

## Holiday with Philips

Philips are launching a holiday offer which gives purchasers of any Philips' small appliance the opportunity to save a minimum of £20 on a two-week holiday for two adults.

For those travelling further afield, Philips are offering £50 savings off holidays chosen from selected long-haul brochures. Each small appliance will contain a leaflet giving full details.

The promotion is backed by a range of POS material — dealer artwork sheets are also available. A special trade promotion offering holiday savings is available up to March. *Philips Small Appliances, Drury Lane, Hastings, Sussex TN34 1XN.*

## Hot chocolate

Instant Ovaltine and instant hot chocolate have been introduced in 500g sizes, both retailing at £1.75. *Wander Ltd, food division of Sandoz Products Ltd, Station Road, King's Langley, Hertfordshire.*

## Knuckle special

Smith & Nephew have added two specialised dressings — fingertip and knuckle — to their Elastoplast range.

The new dressings are being offered in a two of each extra-free promotion on Airstrip and fabric, large and economy packs, running until the end of February. They will then be introduced into assorted packs, say *Smith & Nephew Ltd, consumer products, PO Box 81, Hesle Road, Hull HJ3 2BN.*

## A Prince for Mother's day

For Mother's day Prince Matchabelli are offering special 9ml size bottles of Cachet (£1.35); Aviance night musk (£1.25); Chimere (£1.15).

Each spray is individually wrapped in a gift sleeve. The prepack contains 24 Cachet, 16 Aviance night musk and 8 Chimere in a merchandiser with header card.

Cachet eau de toilette spray (28ml) will be banded with a free 75g talc for the normal rsp of £4.50.

The prepack contains 12 units. *Chesebrough-Pond's Ltd, PO Box 242, Consort House, Victoria Street, Windsor.*

## Pretty Polly's galactic colours

Galaxy sheer colour, a luxury range of tights and stockings from Pretty Polly, is to receive launch backing of £1.6m in television advertising this year.

The range consists of three styles — sheer 15 colour tights (to sell at about £0.83), sheer 15 colour stockings (rsp about £0.51) and sheer 10 colour tights (rsp about £0.74) — in 14 shades.

The product's black packs invite customers to "feel the difference," says the company and feature a cocktail glass, flower and straw graphics, which carry colour coding for individual styles.

The difference in feel is achieved by the bare lycra laid in during the knitting process, say Pretty Polly.

The first burst of the 40-second television commercial is to break in April, to run nationally for one month, says the company. It highlights the sheer colour range, with its cling fit and softness qualities, say Pretty Polly. "We believe the range with its dramatic packaging will appeal to women who are looking for something special and who want a touch of luxury. We are confident of the new range's success", comments Pretty Polly's sales and marketing manager John Rowley. The range will be supported with POS material.

The value of annual purchases of tights and stockings in the UK stands at £285m, say Pretty Polly, with around 60 per cent going through non-draperies outlets such as chemists, grocery, news agents etc.

In independent chemists Pretty Polly claim their total sales account for 45 per cent of the market. Distributors — *Pharmagen Ltd, West Lane, Runcorn, Cheshire WA7 2PE.*

Cosmic Marketing's mid-market fragrances (*C&D, January 12*) feature special launch prices on four of the products: Mikaasa (85ml, £3.49), Camelia (85ml, £2.99), Essence of Love (50ml, £1.99) and Essence of Life (50ml, £1.99). POS material is available for all four fragrances.

## Maws spawn new babies

Maws have added two teats and a nappy rash cream to their range.

The natural shape teat (£0.35) is designed to closely resemble a mother's nipple when inside the baby's mouth. It enables baby to suck in a more natural way, says the company. The teat comes in three flow rates: slow (two holes); medium (three holes) and fast (four holes).

The Resolve teat (£0.55) for difficult feeders is made from silicone. It has a valve on the flange to allow air into the bottle keeping the pressure steady to prevent the teat collapsing. Each pack contains a cleaning pin to help keep the valve clean. The teat also has a cross-cut hole on the cherry which opens automatically when the baby sucks so that the flow is determined by the baby's sucking strength.

Both teats are supplied in blister packs, and come in cases of 24.

A baby cream has been added to the

company's Changetime range. It is intended for prevention and relief of nappy rash, say Maws and is fragrance free and non-sticky.

It comes in two sizes: 100g (£1.05), and 200g (£1.95). Both are supplied in cases of 12. The cream is to be supported by promotional activity and sampling through the Bounty service, say Maws. *Ashe Laboratories Ltd, Ashtree Works, Kingston Road, Leatherhead, Surrey.*

## Nelson celebrate with £0.2m push

Nelson's are celebrating their 125th year by spending £200,000 plus on an advertising campaign for their homeopathic medicines.

Tube card advertising started this week and will continue for six weeks. A women's and health Press campaign is appearing this month. And local radio advertising will start in May. New POS material features gold anniversary stickers. *A. Nelson & Co Ltd, 5 Endeavour Way, Wimbledon, London.*

## Coping with Benylin demand

Due to exceptional demand, Warner Lambert are experiencing supply problems with 2.25 litre dispensing packs of Benylin expectorant.

To minimise the impact of this and ensure continued supplies to patients, the company is ensuring that a new 300ml size (£20.63 per dozen; £2.95 rsp) will be available to fill orders within the next few days, replacing the existing 250ml pack.

This new pack equates well to the average prescription size and will therefore be available for original pack dispensing until supplies of the 2.25 litre bottle can be resumed, says the company.

It is the company's intention to make available 300ml sizes of Benylin with codeine, Benylin paediatric and Benylin decongestant later this year to facilitate original pack dispensing. *Warner Lambert Health Care/Parke-Davis, Mitchell House, Southampton Road, Eastleigh, Hants SO5 5RY.*

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### PARCELA

Vitamin A  
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Vitamin C  
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Vitamin E 100iu  
Super Zinc  
Calcium 200mg

**PRICE £22.90  
35% POR**

### PARCEL B

Sea Kelp  
Selenium  
Lecithin  
Cod Liver Oil  
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Garlic Oil  
E.P.O. 250mg

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Parcel A ..... Parcel B .....  
Parcel C ..... Please arrange for a representative to call .....

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Seymour House, South St., Godalming, Surrey.  
Telephone Godalming 28021

## New stage 1 look for Robinsons

Robinsons Baby Foods are relaunching their stage 1 range of infant meals with new recipes, new varieties and larger packs.

The three new varieties in the stage 1 range are: pork sausage and tomato savoury, tangy orange pudding, and apricot dessert. There are also seven new recipes in the savoury range: farmhouse bone and vegetable broth, lamb hotpot with vegetables, country vegetable casserole, scrambled egg and tomato, casserole of chicken with vegetables, turkey dinner with vegetables and beef stew with vegetables.

Most of the Robinsons Baby Food 1 savouries now have added vegetable flakes to improve their nutritional and visual appeal, says the company, and the desserts are now 10 per cent bigger in volume at 55g. Retail prices are unchanged.

The move follows the relaunch of the stage 2 range last Autumn. *Reckitt & Colman Products Ltd, Dansom Lane, Hull HU8 7DS.*

## Carters seeds' first TV splash

The biggest ever promotion and advertising spend is promised for Carters Tested seeds in 1985.

For the first time Carters will be appearing on national television in March and April. The 20-second commercial will be screened on Channel 4 and at weekends on TV-am.

Full page advertisements are

## ON TV NEXT WEEK

G Grampian	U Ulster	STV Scotland (Central)
B Border	G Granada	Y Yorkshire
C Central	A Anglia	HTV Wales & West
CTV Channel Islands	TSW South West	TVS South
LWT London Weekend	TTV Thames Television	TT Tyne Tees
C4 Channel 4	BT TV-am	

Alberto VO5 styling mousse:	TTV, STV
Askit powders:	TVS
Aspro Clear:	All areas
Baby Fresh:	All areas
Cidal:	BT
Comtrex:	All areas
Dixcel toilet and facial tissues:	All areas
Duracell:	All areas

appearing in major consumer gardening magazines this month, highlighting, says the company, their "extensive" testing on products. *Carters Tested Seeds Ltd, Upper Dee Mills, Llangollen, Clwyd.*

## Peaudouce go 'upside down'

Peaudouce Babyslips are currently receiving £400,000 worth of advertising support with an Adshel poster campaign.

The company says its "upside down" baby posters feature on 10,000 sites nationwide until the end of the month.

The poster campaign forms part of ongoing advertising support for Babyslips which will also include television, radio and women's Press this year, say *Peaudouce (UK) Ltd, Rye Road, Hoddesdon, Herts EN11 0EL.*

## Colgate brush up with £0.5m spend

Colgate are putting over £0.5m behind their double action toothbrushes (*Counterpoints* last week).

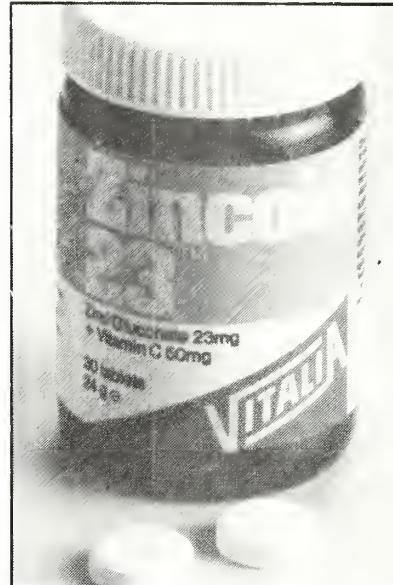
The campaign is to include national television advertising and money-off coupons distributed to 10 million UK homes.

The company says its new brushes have already found favour with the public and expect them to "take off in a big way this year."

The brushes are launched into the professional sector which Colgate estimate accounts for about 25 per cent volume of toothbrush sales.

The brushes owe their double action to medium inner bristles designed to clean all surfaces and soft outer bristles designed to stimulate and massage gums, say *Colgate-Palmolive Ltd, 76 Oxford Street, London W1A 1EN.*

Empathy shampoo:	All areas
Ever Ready batteries:	All areas
Hills balsam:	G, Y
Hills pastilles:	Bt
Karvol nasal decongestant:	All areas
Kimberly-Clark Velvet:	G, TT, Y
Johnson & Johnson baby shampoo:	All areas
Lotussin:	Y, C, TTV, Bt
May & Baker:	GTV, STV, BTV, G, Y, TT
Mucron:	GTV, STV, BTV, Y, TTV, C4
Numark promotions:	U
Nicholas-Kiwi Odor Eaters:	A
Paddi Cosifits:	Bt
Revlon Frequent Flex:	Bt
Scholl thermal insoles:	All areas
Sebamed:	C, G, STV, HTV, TVS
Strepsils:	All areas
Super Poligrip:	All except STV
Tixylix:	All except U



## Zinc+vit C from Vitalia

Vitalia are launching Zincold 23 tablets containing zinc gluconate 23mg (equivalent to 3mg zinc) and vitamic C 50mg (30, £2.75).

Zincold 23 is sugar-free and is formulated in a mint-flavoured sorbitol base to mask the bitter taste of the zinc. One tablet should be chewed or sucked, not swallowed whole, every two hours up to a maximum of 10 daily.

A special bonus pack of 15 charged as 12 is being offered to the trade. Advertising is planned for mid-February in national newspapers. It will be available to pharmacies only, from most pharmaceutical wholesalers.

From February 14 Vitalia's brand of fibre tablets will be advertised on television in Northern Ireland. *Vitalia Ltd, 8 Eden Hall Close, Hemel Hempstead, Herts HP2 4ND. Distributors Farillon Ltd, Bryant Avenue, Romford, Essex RM3 0PJ.*

## Haze looks dry

Reckitt have redesigned the Haze dry formula aerosol so that the graphics emphasise the dry formula.

A £1½m national television campaign will back the product in March, says the company. The Haze range as a whole will have an advertising spend this year of about £5m. *Reckitt Household Products, Reckitt House, Stoneferry Road, Hull.*

## Setlers on show

A self-selection display unit has been introduced by Beecham Proprietary Medicines for Setlers. Designed to hold 12 packs of 30 tablets, it is available until the end of February. *Beecham Proprietaries Medicines, Great West Road, Brentford, Middlesex.*

# IN YOUR HANDS ONLY

## OTC power to help 2,000,000

### with temporary sleep problems.

BEECHAM

# SOMINEX

8 TABLETS

New Beecham Sominex creates a major opportunity for pharmacists everywhere. It is the first clinically proven OTC remedy specifically presented for occasional sleeping problems.

Sleep laboratory trials show Sominex promotes easy, restful sleep whilst maintaining normal, beneficial sleep patterns.

Sominex contains the proven and reliable active ingredient, Promethazine Hydrochloride (20mg). Sominex can be sold over the counter, without prescription.

Take as directed: and after a good night's sleep, any residual drowsiness is minimal and transient.

#### The scale of the need for Sominex

Recent research shows that occasional difficulty in getting a good night's sleep is a problem for at least two million people in Britain.

They sometimes have difficulty in falling asleep. Or sleep is disturbed and broken.

They are not chronic insomniacs. They are ordinary people with a common problem: the annoyance and frustration of sleeplessness.

They need help.

With new Sominex, you, the pharmacist, can provide it.

#### Pharmacy sales only

Customers who seek your help will appreciate your advising them about Sominex.

GPs are being informed too, so other customers will be coming to you on their doctor's advice.

*Counter Prescribe*  
**SOMINEX**  
from Beecham Proprietaries and  
pharmaceutical wholesalers.

DETAILED TECHNICAL INFORMATION AVAILABLE ON REQUEST.



# The secret of Cocoa Here are

The combination of effective POND'S moisturisers and natural skin softer for longer – this benefit is high

POND'S  
**cocoa butter**  
**for BATH**  
POND'S CREME BATH  
WITH COCOA BUTTER

A unique formula which combines the emotive appeal of relaxation, fragrance and luxury with the skin softening benefit of Cocoa Butter to leave the skin feeling soft and silky all over. Research shows 67% of those who tested the product preferred it over their normal brand.



**£1.7 MILLION  
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WOMEN'S PRESS  
AND POSTER  
ADVERTISING**



**£2.0 MILLION MA**

**NATIONAL  
PR CAMPAIGN**



# Butter is spreading and there

Cocoa Butter result in a product which has been proved to keeplevant to many other areas of skincare.

The range is uniquely formulated to protect skin and deliver a deep tan and beautifully soft skin. The POND'S Sun Tan Lotion with Cocoa Butter is available in factors 2, 4, 6 and 8 to suit all skin types. A special POND'S High Protection product has been formulated to meet the needs of children's delicate skin. Complementing the range is POND'S After Sun Lotion with Cocoa Butter, an important part of sun protection.

**POND'S**  
**cocoa butter**  
**for SUN**  
**POND'S SUN TAN LOTION**  
**WITH COCOA BUTTER**

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**FULL  
RANGE OF  
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MATERIAL**



Chesebrough Ponds Ltd.  
Skin Care Business Builders.



## Clairol add to quiet dryers

Following the launch of the Clairol 1400 and 1250 quiet dryers the company is introducing two new models.

The Clairol 1400 super (£14.95), in addition to the features and low noise capability of the Clairol 1400, includes two styling attachments: a variable flow attachment which reduces air velocity and diffuses it over a large area for scrunch and finger drying and a 'duck-bill' nozzle — a professional style concentrator for sectional drying. The new hairdryer has a red livery and comes with self-display packaging.

To build volume in the budget-priced

sector of the market, Clairol are introducing the turbo 1000 (£7.95). The lightweight 1000w hairdryer is white with a red logo and features two switch settings, a styling nozzle and a hang-up loop.

Clairol are also taking a fresh look at their styling brushes. In May Clairol flexibrush with steam (£8.95) and flexibrush slim (£6.95) will be presented in new colours and packaging to complement the Clairol bodybuilder.

Clairol's flexibrush with steam will be relaunched in vibrant red and black and flexibrush slim in blue and black.

Clairol say that in 1984 they recorded a 16 per cent growth in sales. Hairdryers were the star performers increasing business by 52 per cent in value terms. "This was achieved by trading upwards at a time when the rest of the market was trading down in volume and value," says John Brown, Clairol regional director.

"Our strategy to develop sales of higher priced, multi-feature products, backed with national television advertising has really worked," added Mr Broom. Clairol claim to be brand leader in electrical hair care with a 16 per cent share.

The company promise new product diversifications later in the year. *Bristol Myers Co Ltd, Stamford House, Station Road, Langley, Bucks SL3 6EB.*

## Viva shampoos get new life

Healthilife are relaunching their range of six Viva herbal shampoos and conditioners and are introducing apple herbal shower gel in a pump dispenser (£1.50).

The range offers four shampoos for greasy to normal, dry to normal, frequent use and problem hair, retailing at £1.30 each. Viva hair conditioner will sell at £1.50. All six products come in 200ml containers.

Full colour advertising for the relaunch will be featured in the consumer press, says the company.

Orders placed before the end of the month will qualify for a 15 per cent introductory discount.

The Viva range will be available in single outers of ten units which will be subject to a special case discount for the whole year.

With orders of ten outers, in any assortment, an extra case will be given free. There is also an 18-unit counter display (£12.04 trade). *Healthilife Ltd, Charlestown House, Baildon, Shipley, West Yorkshire BD17 7JS.*

## Super body in protein bars

Super body power protein powder is now available in bar form.

Each 40g bar contains 1g fat, 11g protein and 125kcal. It includes vitamins A, B, C and D, iron, iodine, niacin and calcium, say suppliers Healthilife. The bar is expected to retail at £0.39 and is to be backed by colour advertising in specialist magazines throughout the year, say Healthilife.

Orders placed during February will attract an introductory offer discount of 10 per cent off the trade price of £7.02 per 24 bar outer.

The company have also introduced chelated zinc in capsule form. The recommended dose is one 40mg capsule a day. They come in securitainers of 50 capsules to retail at £1.90.

Again Healthilife are offering 10 per cent off the trade price of £11 for a ten-tub outer on orders placed in February. *Healthilife Ltd, Charlestown House, Baildon, Shipley, West Yorkshire.*

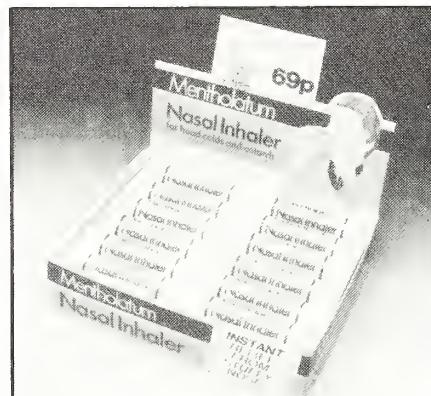
## Calgon takes on limescale

Food Brokers are introducing Calgon wash additive (500g, £1.49; 1.5kg, £3.99) designed to prevent the build-up of limescale in washing machines. A £2.6m campaign will support the launch.

"The addition of Calgon to the washing machine binds the limescale enabling it to be washed away when the machine is emptied," says the company.

A television advertising campaign in April heralds the product's launch. This will be concentrated in the London, Southern and Anglia regions where, says the company, 70 per cent of all "hard water homes" are situated.

Further bursts are promised in June and September. Radio advertising breaks in June and will continue through to December. *Chemist Brokers, division of Food Brokers Ltd, Milburn, 3 Copse Lane, Esher, Surrey KT10 9EP.*



The Mentholatum Co are introducing a nasal inhaler for colds, catarrh and hay fever. It contains menthol, camphor, methyl salicylate, oil of pine and oil of eucalyptus. A counter-top display outer holds 24 units retailing at £0.69 each. *The Mentholatum Co Ltd, Longfield Road, Twyford, Berks RG10 9AT*

## Healthy filters

Pharmadass have added a mini-cigarette filter super 25 to their Health Aid range. A packet of ten retails at £0.99 (36 packs, £20 trade) say *Pharmadass, 98 Tokyngton Avenue, Wembley, Middlesex HA9 6HL.*

## Only natural

Only Natural traditional recipe liquorice pieces are now available from Ernest Jackson & Co. Supplied in display outers of 12 100g packs, each pack is expected to retail at £0.38. *Ernest Jackson & Co Ltd, Crediton, Devon EX17 3AP.*

TV STARTS  
MARCH 4TH

## COMMUNITY CHEST

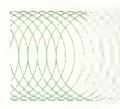
YOU ARE SELLING MORE AND MORE  
SENSODYNE TOOTHPASTE.  
COLLECT SUBSTANTIAL PROFITS  
AND PLACE NEXT ORDER.



## £2 million + on national TV means even bigger profits.

Sensodyne Toothpaste is the No. 1 profit maker and brand leader in the chemist sector. And whilst most other brands have been declining, Sensodyne has grown at an unrivalled rate.

Add the fact that Sensodyne sales always respond dramatically to TV advertising, and you'll see why our new £2 million National campaign is guaranteed to set your till ringing.



Mint Flavour  
**SENSODYNE**  
TOOTHPASTE  
for sensitive teeth

The secret of our success is that Sensodyne's unique formula works. Nearly every dentist in Britain recommends it.

So order now, and make sure you stock and display both fresh Mint and Original Sensodyne.

Ask your Stafford-Miller representative for details of special terms.

 **SENSODYNE**  
TOOTHPASTE  
for sensitive teeth

Or phone us direct on Hatfield 61151.

# SENSODYNE TOOTHPASTE THE BRAND LEADER. THE PROFIT LEADER.

Stafford-Miller Ltd., Hatfield, Herts. AL10 0NZ.

# In a changing World...

LIMITED LIST PRESCRIBING

## Attack and counter-attack

IN the campaign of attack and counter-attack which has characterised the bitter argument over the proposed limited list scheme, the Association of the British Pharmaceutical Industry has issued a point-by-point

counter to Conservative

Secretary of State for Health's proposals.

ABPI says: "No other system like the NHS can cost control so well." The cost per head per annum in France, Germany, Canada, Australia, New Zealand, the United States, and the United Kingdom is £100 million less than the UK's.

## LETTERS TO THE EDITOR

### Limited list prescription

From Mr M. J. Line

SIR,—I wish to place on record my expressed by a recent meeting of the Health Minister's attempts to limit the range of medicines available through the National Health Service.

The economic effects of the policy are not at this stage clear, but a resolution was reached.

However, the meeting of the ABPI and the proposals remain

Disease  
described

By our reporter  
The government  
draws up its

## Attitudes on list still polarised

Two months on from the announcement of the limited list bombshell, the ABPI, GMSC and PSNC state their respective positions as the January 31 deadline for consultations approach.

It is now about two months since the former Secretary of State for Health, Michael Howard, announced his controversial proposal to reduce the number of brands available on the list.

UNIVERSITY OF LIVERPOOL  
Ministers' new list  
out of order

G General  
LIMITED LIST PRESCRIBING  
Dispensing doctor  
gives drug sales  
warning

The general practitioner will be able to prescribe for patients without referring them to a dispensing chemist. This is the start of the new limited list.

think

... you can  
depend on  
**WinPharm**

# Announcing two new additions to the WinPharm 'pharmacy-only' range

## PanaCron nasal spray & tablets



In a changing world, you can depend on WinPharm to continue their search for prescription-pedigree medicines to add to your range for counter-recommendation.

The latest additions to the highly successful Panadol range — PanaCron nasal spray and PanaCron tablets, offer really effective treatment for nasal congestion, sinus headache and catarrh; three problems about which the pharmacist's advice is frequently sought.



## PanaCron your new 'counter recommendations' for Nasal congestion & Sinus headache

**NEW  
Product from  
WinPharm**

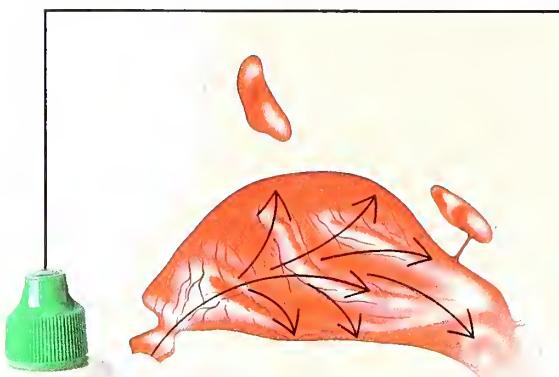
**When  
your customers  
complain about**

**'Blocked up noses'  
'Stuffy headaches'**

**Recommend  
the DUAL action of**

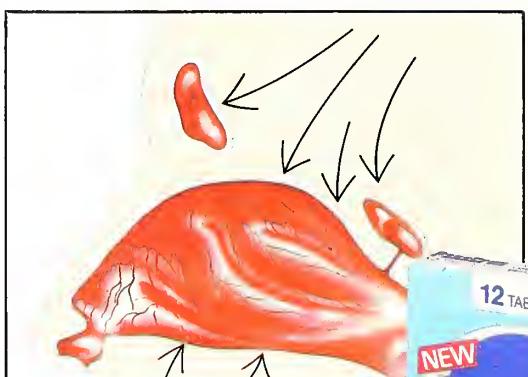
**PanaCron  
nasal spray & tablets**

**Your new 'counter recommendations' for  
Nasal congestion & sinus headache**



**PanaCron Nasal Spray**

Provides rapid & long lasting relief from nasal congestion due to colds & catarrh.



**PanaCron Tablets**

PanaCron tablets for the relief of sinus headache, nasal catarrh & associated pain & discomfort.



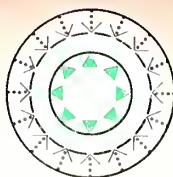
PanaCron decongestant nasal spray contains: Oxymetazoline hydrochloride 0.05% w/v in an aromatic spray base with menthol, camphor and eucalyptol.  
Contents 15ml

Each PanaCron tablet contains:  
Phenylpropanolamine hydrochloride BP 12.5mg.  
Paracetamol Ph. Eur. 500mg.

## Systemic relief

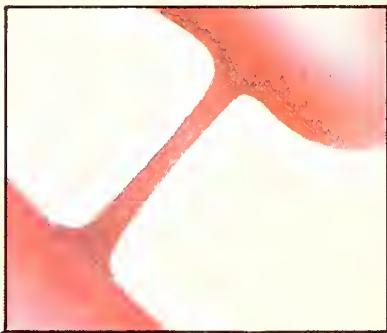
PanaCron tablets contain an effective analgesic dose of paracetamol to soothe away headaches and facial pain. Phenylpropanolamine is included as a peripheral vasoconstrictor to reduce congestion in the mucosal linings of sinuses and air passages.

Systemic vasoconstriction

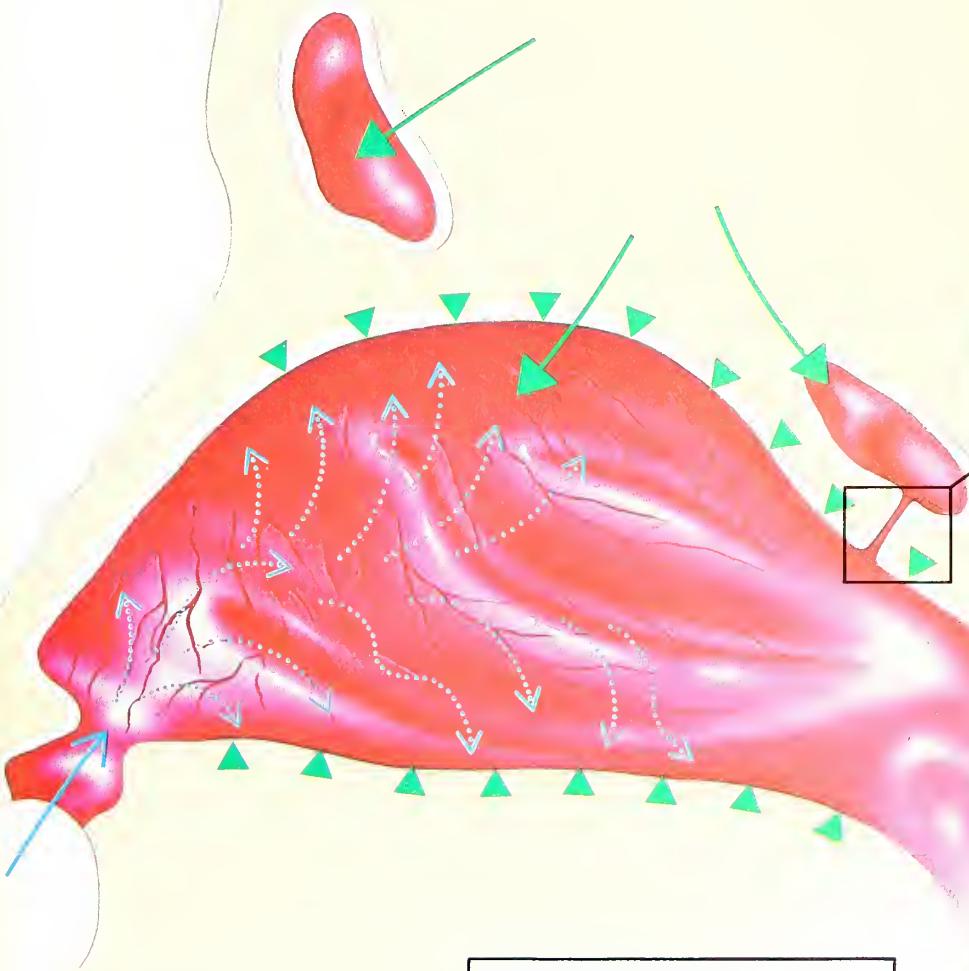


## Dual action

PanaCron nasal spray and PanaCron tablets can be used together to particularly good effect. The nasal spray provides rapid initial clearing of a stuffy nose, whilst the tablets give effective relief of pain. Both formulations have a vasoconstrictive action and open the airways, making breathing easier.



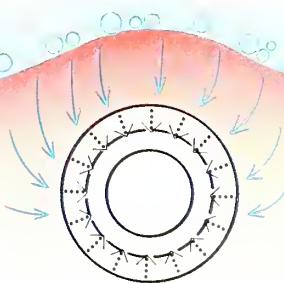
Reduced sinus congestion



## Topical relief

PanaCron nasal spray contains oxymetazoline which produces marked vasoconstriction resulting in effective mucosal decongestion, clearing the air passages & reducing discomfort. Oxymetazoline has rapid local onset and up to 12 hours duration of activity.

Local vasoconstriction



## Pharmacy-only

Like all WinPharm products both PanaCron nasal spray & tablets are designed for exclusive pharmacy-only distribution and are not available through any other outlets.

## 'WinPharm' margins

They guarantee a standard 33⅓% profit on return plus an introductory and regular promotional bonuses. This compares with the 25% return more usually obtained on products that are also distributed through grocers and drug stores as well as through pharmacies.

In a changing world, PanaCron nasal spray and tablets offer you the professional and financial rewards of an effective counter recommendation.

# PanaCron

## Nasal spray & Tablets

Two new additions to the WinPharm 'pharmacy-only'  
range for counter-recommendation



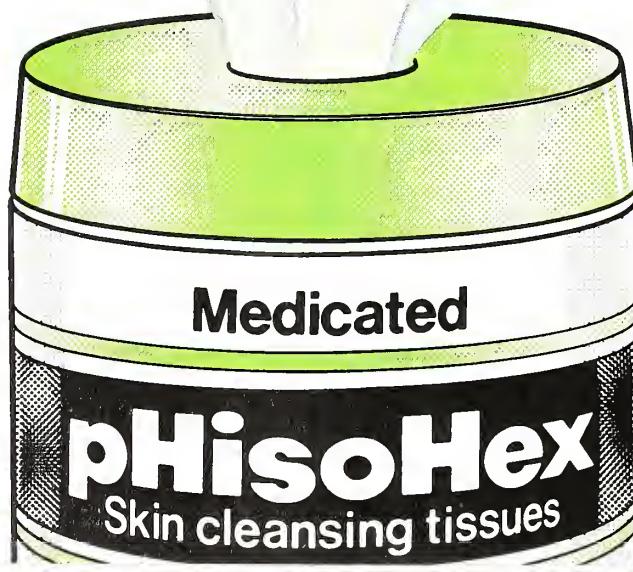
**WinPharm** Working with pharmacy for a healthier future

"PanaCron" is a registered Trade mark. Full information is available from WinPharm, Sterling Winthrop House, Onslow Street, Guildford, Surrey, GU1 4YS. Tel: 01483 521130

**NEW**  
product from  
**WinPharm**

# Announcing **pHisoHex** medicated tissues

Your new 'pharmacy-only'  
counter-recommendation  
for  
**Spots & Acne**



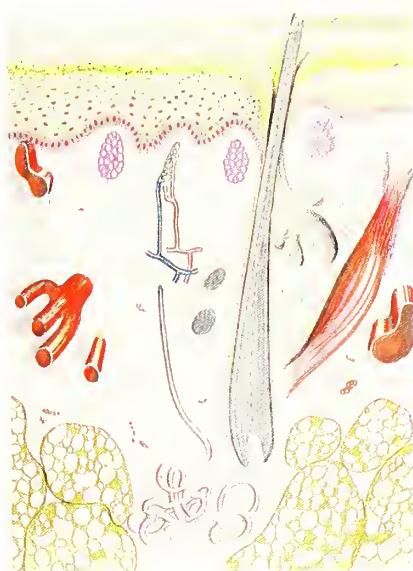
## Specially formulated to treat areas prone to spots and acne

pHisoHex Medicated Tissues are impregnated with salicylic acid in a self drying, cleansing solution. Salicylic acid has local anti-inflammatory action, and also brings about increased turnover and decreased cohesiveness of epithelial cells in and around the hair follicle. This unblocks pores and enhances the natural drainage of comedone contents.

Regular use at least twice daily over a period of time greatly improves control of blemishes in skin prone to spots and acne.<sup>1</sup>

1. Double-blind investigation of salicylic acid solutions in the treatment of acne vulgaris.

Data on file Winthrop Pharmaceuticals.



### 'WinPharm' margins

The trade margin offered right across the WinPharm range is a guaranteed standard 33½% profit on return plus on introductory and regular promotional bonuses. This compares with the 25% return more usually obtained on products that are also distributed through grocers and drug stores as well as through pharmacies

In a changing world, pHisoHex medicated tissues offer you the professional and financial rewards of an effective 'counter-recommendation'.



### Convenient to encourage use

pHisoHex Medicated Tissues provide an immediate, convenient & hygienic approach to the application of an effective cleansing & medicated fluid to skin prone to spots & acne, thus encouraging users to treat their difficult skin areas thoroughly and frequently.

### Spots hate clean skin

For best results recommend that your customers use pHisoHex medicated tissues to treat problem areas with the general application of pHisoHex antibacterial skin wash to reduce risk of infection.

### Pharmacy-only

Like all WinPharm products, pHisoHex medicated tissues are designed for pharmacy-only distribution, and are not available through any other outlets.



# pHisoHex

Medicated tissues  
and Anti-bacterial wash

**your counter-recommendation for clean and healthy skin**



Working with pharmacy for a healthier future

pHisoHex wash contains: Chlorhexidine gluconate 1.0% w/w. pHisoHex tissues — active ingredient: Salicylic Acid B.P. 0.5%. pHisoHex is a registered trade mark. Full information is available from WinPharm, Sterling-Winthrop House, Onslow Street, Guildford, Surrey, GU1 4YS Telephone (0483) 505515.



Robert Girvan, manager of McNabs Pharmacy, Helensburgh, Strathclyde is the winner of Jackel International's celebration draw — part of the company's national sales promotion campaign entitled "The corks are popping". Presenting Mr Girvan with his prize of a Philips portable colour television is Jim Harten (left), area representative and Bill Cumming (right), regional sales manager for Newcastle based Jackel International.

## Focusing on the Japanese

J.J. Silber are bringing Japanese-made Ranger binoculars to the UK.

The ZCF range, supplied with hard cases, magnifications of 8 x 30 (£27.95), 8 x 40 (£29.95), 10 x 50 (£31.95), 12 x 50 (£33.95), and 16 x 50 (£34.95). DCF models, which come with a soft case, give 8 x 21 (£52.95), or 10 x 25 (£56.95).

The range is metal-bodied, and all models carry a five-year guarantee. A Ranger telescope is also available.

Sales manager Nick Edwards hopes the range will go well through specialist camera shops and pharmacies majoring on photographic sales. *J.J. Silber Ltd, Engineers Way, Wembley, Middlesex HA9 0EB*.

## Ilford pupils

Ilford are broadening their 1985 professional photographers' awards to include a student folio.

The competition, open to students on full-time photographic courses of at least two years, offers £300 to the individual and £200 in materials for the college.

An editorial/features section has also been added to the awards, now in its 18th year. *Ilford Ltd, 14 Tottenham Street, London W1P 0AH*.

## French bred

Cosmetic Supply Associates are introducing the French Plazy body care range to the UK.

The twelve-strong range comprises hand cream (70g: £2.95), leg and thigh toning cream (70g: £5.50), cellulite reducing cream (70g: £5.50), rejuvenating cleanser (50ml: £5.50), facial mask (50ml: £5.50), moisturising cream (50ml: £6.50), bust cream (50ml: £7.95), anti-wrinkle cream (50ml: £7.95), body milk 9 (200cc: £5.95), cleansing milk (200cc: £5.95), toning lotion normal (200cc: £5.95) and toning lotion oily (200cc: £5.95).

Test markets in the South East will be carried out in February and March. Consumer offers, POS support and sample testers are also planned. *Cosmetic Supply Associates Ltd, Berkeley House, 163 Tottenham Lane, London N8 9BT*.

## Keeping mum

Bronnley have two promotions for Spring.

For Mother's Day on March 17, Bronnley have developed a merchandiser for their almond and feather back crystals.

Bronnley's Easter egg soaps come in assorted fragrances, in trays of 12 or 15. The company is also offering a free cuddly display elephant with orders over £40. *H. Bronnley & Co Ltd, 10 Conduit Street, London W1R 0RR*.

## Spring for Lancome...

Lancome are introducing new colours to their Spring cosmetics ranges plus an exfoliating cream for the face and Stylocils mascara.

Colours featured in the range include vanilla, peach, almond and gold. Available from mid-February are

exfoliance cream (50ml, £7.95) and Stylocils mascara (£7.95), which comes in black, brown and navy. "An unusually short and thin, bristle tipped wand means that there is no overload from the barrel", say *Lancome (England) Ltd, 14 Grosvenor, London W1X 0AD*

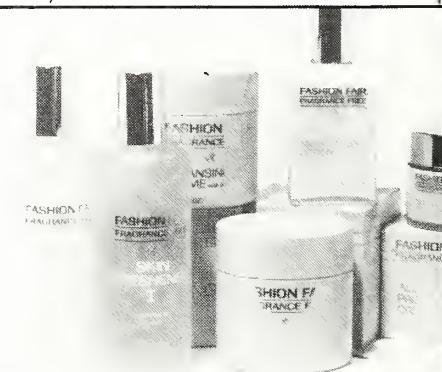
## ...and for Maybelline too

Maybelline are introducing a confectionery colours collection into their cosmetics range for Spring. The new pastel shades are available in two selections in brush blush, duo shadow, kohl pencil, moisture whip lipstick, and manicure nail colour, from *Plough (UK) Ltd, 101 Wigmore Street, London W1*.

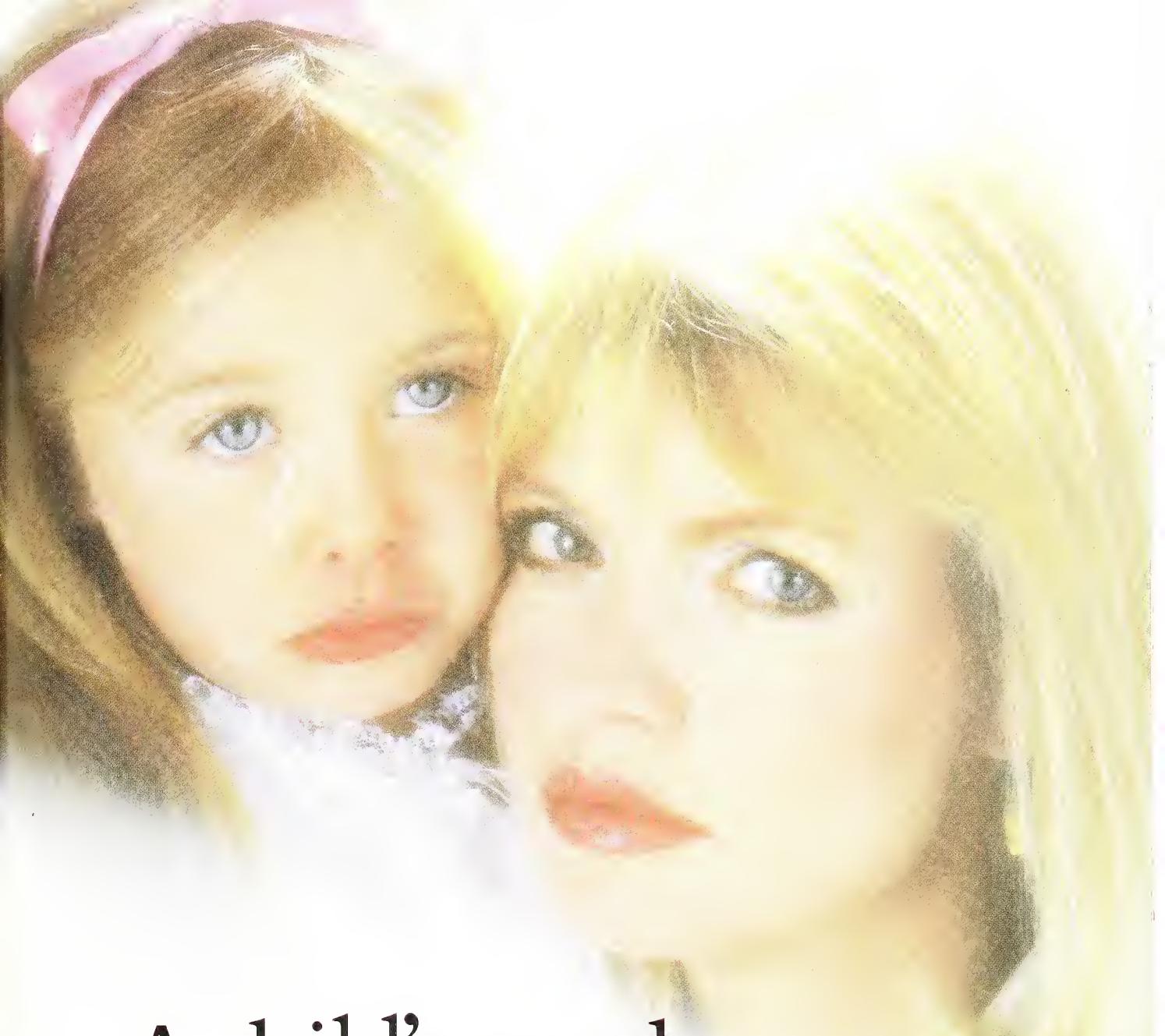
## Rash explanation

"Where does nappy rash come from", is the title of a new leaflet from Sterling Health.

It is designed to help mothers keep their baby's skin free from irritating nappy rash. It also mentions the benefits of Baby Wet Ones and Super Softies. Leaflets are available free from *Public Relations Department, Sterling Health, Onslow Street, Guildford*.



Fashion Fair are launching a fragrance-free range of seven skin treatments and four shaded make-up products for dark skinned women. The collection, which was introduced exclusively to Harrods at the end of last year, is positioned above the basic range, at £7 for cleanser and foundation, £10.35 for night creme and £4.50 for lipstick. The packaging departs from the company's signature pink with pale peach, gold and white. The launch is to be supported by advertising in April in publications which include *Black Beauty & Hair*, *Girl About Town*, *Ms London* and the *Evening Standard*, say *Fashion Fair Beauty Products Ltd, 11 Atcoft Road, River Road, Barking, Essex*.



# A child's cough means looking after Mum as well.

Where your child's health is concerned Mothers so often need your reassurance. Now more than ever before they want to be sure that they're buying the right treatment for their family. It's natural that they should.

That's where Benylin Paediatric helps. It's effective and the most widely-prescribed of all children's cough treatments. Most Mums know and trust it already.

You know it's specially formulated for children and presented as a unit dosage for easy administration.

## Benylin Paediatric

**Composition:** Each 5 ml. contains: Diphenhydramine hydrochloride Ph. Eur. 7 mg; Sodium citrate Ph. Eur. 28.5 mg; Menthol B.P. 0.55 mg. **Indications:** For the relief of cough and its congestive symptoms, and in the treatment of hay fever and other allergic conditions affecting the upper respiratory tract. **Dosage:** Children 1 to 5 years: One 5 ml. spoonful every three hours, 6 years and over: Two 5 ml. spoonfuls every three hours. **Contra-indications, warnings etc:** Known hypersensitivity to any of the active constituents. This preparation may cause drowsiness. **Product licence no:** 0018/0067. **Cost:** 125ml x 24 List price ex. VAT £18.04.

Data sheet available on request.

Benylin is a trade mark. R84052.



PARKER DAVIS

**WARNER  
LAMBERT**  
**HEALTH CARE**  
the name people feel better with

Mitchell House, Southampton Road, Eastleigh, Hants SO5 5RY



## Pharmacy lab explosion hits the front page

An accident in the laboratories of the Pharmaceutical Chemistry Institute at Heidelberg University hit the headlines 11 days later when it was alleged that diethyl-nitrosamine, an agent with carcinogenic potential, was released in an explosion and that the university authorities had attempted a cover-up.

Hysterical reaction in the popular Press led to charges that laboratory accidents were frequent, safety rules were ignored and calls — even from pharmacists — that pharmacy students should confine their studies with dangerous substances to "paper chemistry".

The director of the Institute had denied that the student — a girl at the end of her second year — was inexperienced, unsupervised and unaware of safety precautions. He also defended the experiments with potentially toxic materials as being an essential part of the training of pharmacy students. He refuted the suggestion that clouds of the gas were released, pointing out that the boiling point of the substance is some +177° Celsius and stated that such a temperature could never have been reached under the experimental conditions.

Nevertheless the level of anxiety expressed, probably fuelled by the disaster in India, has led to an official inquiry into the incident.

## Medicine Asian style

"The Chinese are coming!" was the cry when a group of Chinese academics visited Munich recently to give talks on acupuncture, qi-jong, kung-fu, moxabustion and other aspects of traditional Chinese medicine.

During this first-ever visit of Chinese medical experts to West Germany, the Chinese also told of the enormous strides in health care in their country over the past 25 years, as illustrated by the rise in life expectancy from 35 in 1949 to 68 in 1981. Over the same period, the number affected by malaria has fallen from 30 million to 1.3 million.

Acupuncture was said to be particularly useful in thyroid disorders. The qi-jong breathing and exercise techniques, practised by millions of Chinese before dawn each morning, are considered to rid the body of toxic waste products, while providing fresh energy. Kung-fu, known in the West only as a martial art, can seemingly reduce tension, promote concentration and physical flexibility. Moxabustion, the burning of small balls of herbs on the skin, stimulates the body's intrinsic energy. All these measures aim to produce the harmony between Yin (the mind) and Yang (the body) which is thought essential for physical health and mental well-being.

Tablets and other conventional manufactured dosage forms are rare in traditional Chinese medicine, with most drugs being dispensed by pharmacies and hospitals for administration as herbal teas.



## Profits v ethics

The conflict of profit versus professional ethics was raised at a recent conference on drugs and self-medication. An example quoted was the demand for mistletoe tea — not as a novel way of prolonging Christmas bonhomie, but for a far more serious problem which has arisen following claims of its effectiveness against hypertension and even cancer.

One pharmacist thought it wrong to refuse sales to a customer who specifically asked for this product or to point out that its supposed hypotensive effect has not been scientifically confirmed, and that any anticancer activity could be dangerous humbug. Such advice could unsettle the patient, he said, and might dissuade him from making the purchase.

Another pharmacist asked why he should correct the advertising claims of the drug industry to the possible detriment of his own business. Others disagreed and felt the loss of a potential sale should not be the overriding consideration.

A possible way out of such a dilemma was suggested by a commentator, who thought that the patient should be recommended to consult his doctor, but that the pharmacist could advise the customer that mistletoe might be used as adjuvant treatment in hypertension. The commentator expressed the hope that such advice would lead the patient to return to the same pharmacy with any subsequent prescription he might receive.

## Nuffield to visit Northern Ireland

The Nuffield Inquiry into Pharmacy is making a series of visits around the UK and is due to visit Northern Ireland on March 21-22.

The Pharmaceutical Society of Northern Ireland's Council heard at its January meeting that the inquiry committee hoped to meet Council on March 22.

The Society's president Dr J.G. Swanton, welcomed Mrs L. Anderson, secretary of the young pharmacists group, attending as an observer. The Council then stood in silence for a few moments as a mark of respect for Mr Brian Flatley, a past president who died recently.

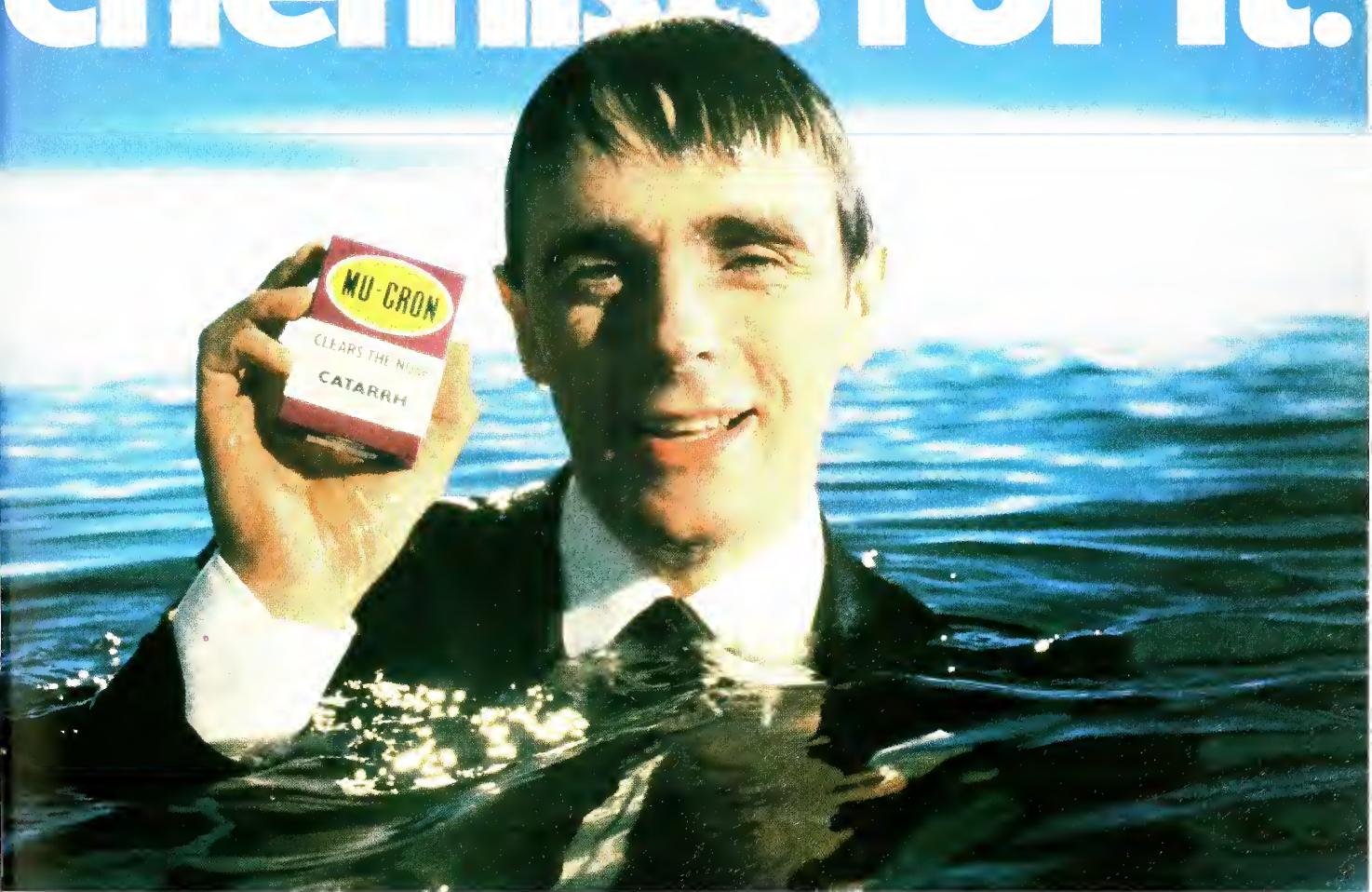
The treasurer, Mr G.E. McIlhagger, presented the accounts of the Northern Ireland Chemists Benevolent Fund for the year ending December 31, 1984. Grants at £4,536 were slightly down on the 1983 figure of £4,960. Income was £8,436 which included £4,275 by the president's appeal and £3,843 by interest on investments.

The treasurer thanked the members for their generous support throughout the year but emphasised that it was essential that the fund should continue to grow so that it would remain able to help the needy.

The president's dinner is to be on March 20 at the Culloden Hotel, Bangor Road, Craigavon. The cost will be £12 per person and bookings should be made through the secretary, 73 University Street, Belfast BT7 1HL. At the dinner, fellowship certificates will be presented to Mr Robert Henry Caughey, Mrs Muriel Singleton, and Miss Margaret Jane Watson who were elected Fellows of the Society in December.

Mr Caughey is a proprietor pharmacist from Dromore, co Down. He has been secretary of the Lurgan, Portadown and Armagh Branch of the Society for many years. The success and activity of this branch, which has remained active despite the troubled times, was due in no small way to his enthusiasm. Mrs Singleton is a lecturer in pharmacy at The Queen's University of Belfast where she has been head of the pharmacy practice section since 1973. She has contributed widely as a member of the Pharmaceutical Committee, Central Services Agency, the Central Pharmaceutical Advisory Committee and the Poisons Board, Northern Ireland. Miss Watson has been a member of the Council since October 1974 and was president during the year 1980/81. She is chairman of the Society's agricultural and veterinary group.

# Sinus sufferers everywhere are diving into chemists for it.



Look what Ciba have come up with. The right commercial (Underwater Man) for the right product (Mu-Cron) at the right time (now).

And as we're running the commercial until the beginning of March, all you need is a plentiful stock of Britain's leading decongestant, in the right place.

MU-CRON P PRESENTATION: Strip-packed tablets containing phenylpropanolamine hydrochloride 25mg; guaiifenesin 32mg; prop. ipecac 11mg; paracetamol 250mg.

DOSAGE: To relieve symptoms of paranasal sinusitis, nasal congestion, perennial rhinitis and catarrh. Adults: 1 tab two or three times daily; max 3 tabs in 24 hours. Children: 0-12 yrs, use Jun Cron Syrup; 12-15 yrs, 1 tab twice daily. CAUTION: Do not give to patients with hypertension, hyperthyroidism, diabetes, heart disease or those taking MAOIs. SIDE EFFECTS: Rarely dizziness, headache.



# BOYLE

## COMMEND NELSONS TO LIONS OF PEOPLE IN 1985

Now in its 125th year. The time is ripe for a fresh approach to the task of communicating the benefits of homoeopathy to the general public. Together, Katie Boyle and Nelsons will make that "fresh approach" work for YOU.

### Major advertising throughout the year

Katie's message is part of an overall campaign to build on last year's promotional success and maintain the momentum with an increased press budget carrying her powerful endorsement and Nelsons' advertising debut on local radio. Our 1985 campaign will sell Nelsons products off your shelves, using:-

### National, Women's and Health press

A combination of colour and black and white advertising and byline features in 19 magazines.

### Posters

Thousands of tube cards selling Nelsons on the London Underground.

### Radio

First ever radio advertising for homoeopathic medicines.



### Public Relations

A structured programme to ensure maximum editorial exposure.

### In-store merchandising and display support

In addition to existing merchandising units, carousels, showcards and information leaflets, new merchandising materials include gold anniversary stickers and colour reproductions of Nelsons tube cards (for use as window posters).

### Let Nelsons help you profit from homoeopathy

All Nelsons' OTC medicines have G.S.L. status and may be freely displayed and self-selected within a pharmacy. For further information on their range, competitive margins and our fast efficient service, contact your local Vestric representative or call Robert Smith at:

A Nelson & Co Ltd  
5 Endeavour Way, Wimbledon  
LONDON SW19 9UH  
Telephone: 01-946 8527



nelsons  
*Estd. 1860*

Helping the body's natural defences

## **Every 12 seconds, someone buys a tube of Dentu-Creme.**

Last year, Dentu-Creme's brand share jumped to over 13%. (The size of the denture cleansers market, incidentally, remained static.)

This year, a £1m TV campaign will reproduce the same kind of growth with a four week burst in February, followed by a second burst in the summer.

So put plenty of tubes on the shelf and watch them go.

**STAFFORD MILLER**

# Unless you want to live on £36 a week...

...you'll need a private pension. But what sort of contract should you plump for? With-profits or unit-linked? Single or regular premiums? And what about the possibility of borrowing back money for the business? Stuart Ruthven, of the Life Offices' Association, looks at the choices.

Because of the pressures of daily business life, a professional person or self-employed businessman frequently neglects the distant prospect of retirement. He may fondly imagine the future will take care of itself, and that the fruits of his labours will act as a cushion for retirement.

But foresight in this, as in other matters, reaps the greatest benefit. Not only are the premium rates for a younger man more advantageous, a long-term plan will give the cumulative effect of a tax-free compound investment. By acting early, a person can maximise his future pension earnings at minimum cost.

Personal pension plans are available only to the self-employed and those in non-pensionable employment, who are allowed to contribute up to 17.5 per cent of *net relevant earnings*. These are defined as total earnings from professional activities or non-pensionable employment, less deductions such as expenses. People born before 1934 are allowed to make higher contributions.

For the self-employed, a personal pension plan taken out with a life insurance company is the most tax-efficient method of providing financial security for retirement. The premiums qualify for tax relief at the policyholder's highest rate of tax. If tax relief entitlement is not fully used in any year, the unused portion can be carried forward for up to six years.

Pension funds also enjoy freedom from income tax and capital gains tax — an enormous advantage in accumulating the best possible financial benefits. The longer the period involved, the more a pension plan can out-distance its investment rivals, including endowment and unit-linked assurance policies.

Nowadays, personal pension plans are available in a variety of forms, which offer considerable flexibility to prospective policyholders. There is a choice between a regular premium contract for a fixed period up to a selected age, or making a series of annual single-premium contracts. The latter is more flexible and may be particularly suited to anyone with fluctuating earnings.

A regular premium scheme has the

virtue of encouraging regular saving, and does secure for the policyholder minimum guaranteed pension benefits. There are further choices regarding how the premiums are invested. The policy can be *with-profits* or, as is increasingly popular, *unit-linked*.

A conventional with-profits policy guarantees a minimum annual pension upon retirement, with bonuses declared each year added to boost pension benefits. As an

enabling a self-employed person to take out a life policy on the same tax basis as a pension policy.

However, the premiums on a section 226A life policy count towards overall contribution limits for a self-employed pension plan. If the policyholder is intent on maximising his pension, he would be better advised to take out a term assurance policy, which is very cheap.

In the event of the policyholder dying before his pension matures, any cash return paid out to dependants is exempt from capital transfer tax.

Personal pension plans have recently acquired a wide range of optional benefits. The *open-market* option, which most companies now offer, allows the policyholder, upon maturity of his policy, to withdraw the accumulated cash fund and purchase an annuity from a different insurance company.

There is also a *waiver of premium* option, which enables policyholders to keep personal pensions intact in the event of a drop in earnings through illness or accident.



alternative, premiums can be invested to secure a cash fund. Upon maturity of the policy, part of the proceeds can then be realised as a tax-free lump sum.

With a unit-linked policy, premiums are invested in a fund of the policyholder's choice. The benefits payable on maturity are directly related to the performance of the fund. However, it is possible to reduce this risk factor by switching to another fund when close to retirement.

Flexibility and scope for capital appreciation make unit-linked contracts particularly attractive for single premium policies. With such a wide choice of funds in which to invest, the policyholder can enjoy a broader range of investments with a series of single premium contracts. He can also arrange his policies to mature at different dates between the ages of 60 and 75.

A personal pension can also be used to incorporate a life assurance policy, an important factor if the policyholder has a wife and family to protect. Life cover can be provided under a Section 226A policy,

The most striking development in the personal pension field has been the advent of *loan-back* facilities. Basically, these enable a policyholder to raise a loan (subject to provision of adequate security), for repayment when the policy matures.

This option is a popular one because it deals with one of the underlying anxieties of many self-employed policyholders — that they cannot use the savings accumulated under a pension plan until retirement. With a loan-back, a self-employed person can avail himself of a useful new source of money for his business. Where the loan is for a purpose which qualifies for tax relief, the plan is doubly advantageous.

The flexibility and scope of personal pension plans means they are able to cater for a wide range of individual needs. With their unique tax advantages and scope for capital appreciation, they provide the self-employed with the most attractive form of investment available in order to ensure financial security for themselves and protection for their dependents.

## A view from above with Pharmacy Mutual

How old is the average pharmacist when he starts to think about arranging a pension? Ask PMI's John Hart that question, and he'll purse his lips in an expression of mock-seriousness. "Oooh" he muses, "63?"

"Actually, it is tending to get younger. Ten years or so back, we never got inquiries from anyone under 45; now there's people in their early 30s contacting us. The problem is that people that age are likely to be already fairly fully stretched with mortgage, payments and so on. But they really should consider starting a pension early — if only for the tax advantages."

They still get occasional calls from NPA members who've reached 55 with no pension provision, and are wondering what to do. Even in these cases, PMI can usually put a scheme together.

"It's not quite as bad as it used to be. Up to about four years ago, there was not only a percentage limit on the earnings you could put into pension payments, but a monetary ceiling as well. Now there's only the percentage limit to worry about, so someone on a fairly high income can put in a decent amount quite quickly."

When NPA members phone in to ask advice on pensions, John Hart's first job is to find out something about their business. He's built up a checklist of questions for them.

"First of all, is he really self-employed, or is he director of a company? We'd then want his date of birth, and some idea of when he'd be looking to go into pension; self-employed contracts allow you to start taking a pension anytime between 60 and 75. We don't pin them down to a set date on that, but we do like to get some idea."

"Then there's what they want to happen if they die before pensionable age. Basically, that gives you three options. It may be that your dependents get the premiums back, without any interest. If you survive, that'll give you the best pension."

"Alternatively, they may get the premiums back with a small, 4 per cent, compound interest. Or they can have the nominal fund returned. That's the money you've put in plus the benefit of your investment to date."

The pharmacist will also have to choose between regular pension contributions, or a series of single-premium contracts. PMI come down in favour of single-premium schemes.

"For one thing, a single premium

### You won't be short of advice from salesmen when choosing a pension, but where can you go for an unbiased view?

contract doesn't commit you to making set payments in future years as would, say, a life policy where you're paying annual premiums for the next 20 or 30 years. That means you can vary payments according to the profitability of your business.

"What's more, when you reach retirement with a regular payments scheme, you've got to take pension under the whole contract. If you've got 25 or 30 single contracts, you can say 'OK, I'll go into pension under 15 of them, and bring in the others later'. That way the 'spare' contracts will still be earning a bonus."

### One of six

The next step is to get in touch with one of the six insurance companies with whom PMI have agency agreements.

"We tend to stick pretty much to the same companies, although of course we would change if we found over a period of time that they were dropping behind in the market."

"We can't guarantee that every company's going to be top of the pile every single time — but these guys tend to be there or thereabouts, and it's the back-up service you've got to think of."

"For example, where I can't tell from our

phone call whether the member needs a self-employed scheme, company contract or whatever, I can arrange for a local company inspector to go and see him.

"I'm quite specific with the companies we use that their inspectors don't work on a commission basis. A lot of the direct-sell companies have inspectors who are more or less self-employed.

"Instead of salaries, they get commission, and the rates of commission often vary greatly between self-employed and director schemes. They should be impartial and tell the client which contract is best for him, but I sometimes have my doubts . . .

"Our strength is that we're not beholden to any one company. If we look at the guy's circumstances and decide he doesn't need any further cover, then that's the advice he'll get. We're not actually trying to sell him anything — that's the big difference."

As an agent to the companies on their list, PMI themselves qualify for commission. But they pass most of it straight back to the pharmacist. "If we get, for example, 3 per cent, we'd keep one and give back two."

Which company they eventually advise the member to plump for depends not only on the quotations supplied, but also his own preference between, say, with-profits versus unit-linked contracts.

PMI have tended to steer clear of the unit-linked sector. "It's a bit like playing the stock market. Most of the companies base their work on 10 or 12 per cent gross profit, but the pension you eventually get will depend entirely on the value of the units on the day you retire — and no-one can tell you what that's going to be."

John Hart prefers to suggest a 50-50 split " . . . as long as they're prepared to take a gamble.

"A with-profits scheme does at least offer a guaranteed return. OK, it's low, but it's guaranteed. What you ideally want is a bird in the hand as well as one in the bush."

It's possible to save tax by setting-up a company pension scheme for your business, and joining it yourself, as your premiums will then qualify for corporation tax relief. But, again, it's not something John Hart would usually advise.

"You've got to remember that the majority of NPA businesses are one or two-shop operations. And their typical employee isn't a career individual, they're counter assistants for the most part, and not the sort of person who looks for an occupational pension. Certainly not a contributory one!"

"Anyway, a lot of the companies won't touch a scheme unless they're guaranteed a certain amount in premiums each year."

There are no pension packages designed specifically for pharmacy, as there

*Chemist & Druggist 9 February 1985*



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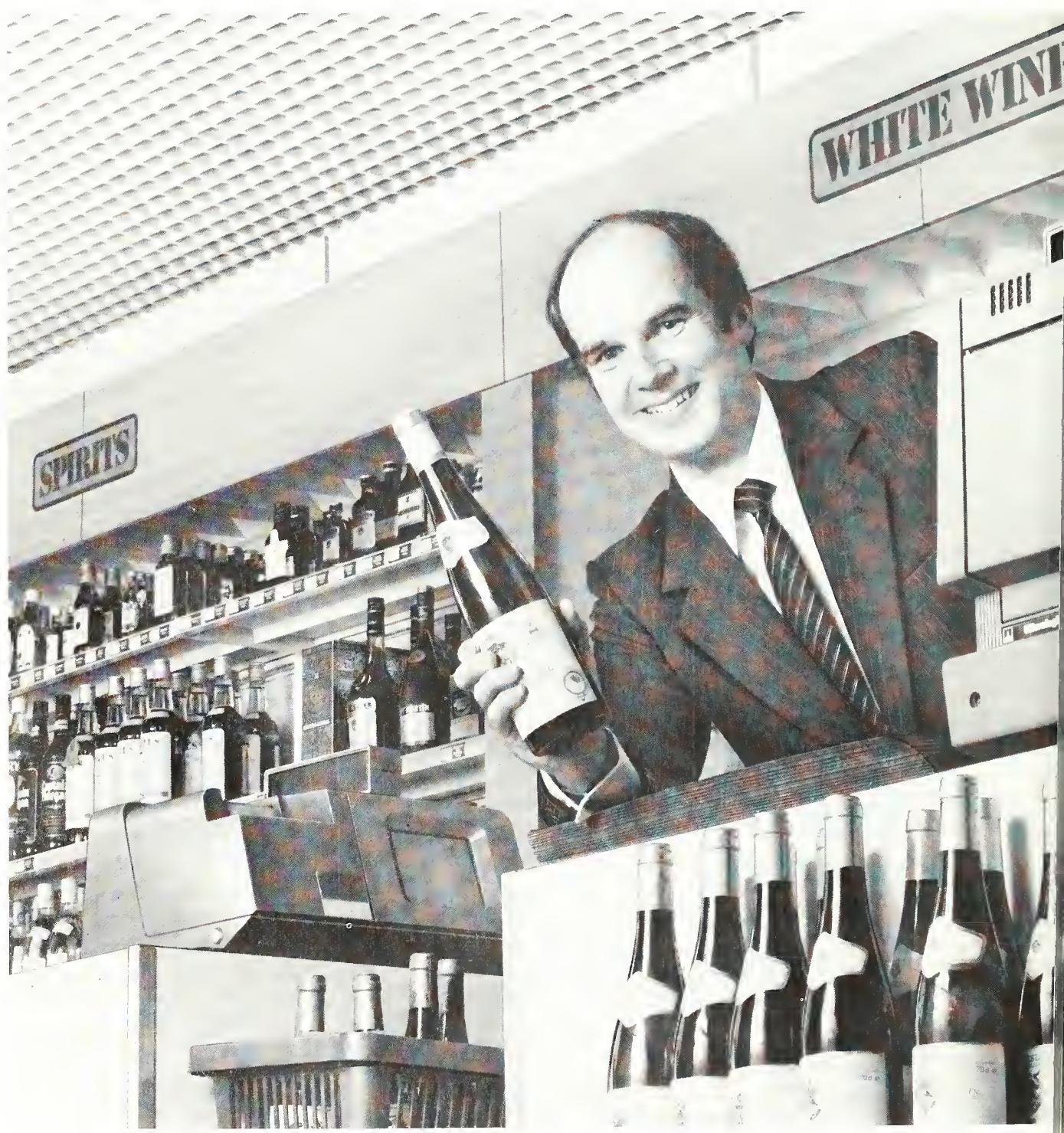
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# SELF EMPLOYED PENSIONS

are in general insurance. "There's no real need. The only real difference with pharmacy where pensions are concerned arises where one member of a pharmacist partnership dies. As far as English law is concerned, he can't leave his share of the business to a non-pharmacist heir. So the surviving partner's going to have had to make some provision for the other's death.

"What usually happens is that the partners take out insurance on each other's lives. That gives the survivor the wherewithal to buy the other partner's share.

"It's a point fairly unique to pharmacy, and one that many lawyers and accountants miss.

"None of that rules out the possibility of us starting an NPA pension fund for our members at some time in the future. We've looked at it seriously two or three times, but always concluded that members get a better service through the established companies, with PMI acting as an objective advisor and agent. Besides which, the individual companies have got the network of local inspectors.

"Our current system gives more variety, more flexibility and — frankly — more expertise.

"We'll continue to look at the possibility of starting our own package, and if there comes a time when we see an advantage to the membership, then we'll do it. Inevitably, though, it would have to be something much more standardised than we offer at the moment."

PMI don't get involved in assessing the health of a member's business when looking at his pension plans. "We usually ask him to have words with his accountant. The booklets and information we send just set out how much they can put in as far as the maximum percentage of earnings goes.

"Of course, you get the occasional situation where the guy from the insurance company's gone down, done his sums and come up with a figure, then the chap's own accountant produces a completely different figure. Then we'd check it out — but we usually find the insurance inspector knows what he's talking about.

"You sometimes also find an accountant who's tied-up with a particular pension company, and so puts business their way in return for a commission.

There's a warning also for those considering buying an annuity. "A lot of



John Hart: "You want a bird in the hand and one in the bush."

people come on the phone and say they'd like an annuity. So, I go through the basics — how much they can afford, whether it's to be on their life only or joint life with the wife . . .

"And then I point out that, once both of them have died, there's nothing coming in. There's a sudden pregnant pause at the other end they say 'That's no good, what's going to happen to my son and daughter?'

"With an annuity you literally buy the incomes you receive, in exactly the same way as you buy a three-piece suite. Once you've thrown the three-piece suite away, you've got nothing left.

"I can only think the annuity market survives on the basis that it's available to people who haven't got dependants.

## Remedial help

PMI get 200-300 inquiries on pensions each year, not all of them from those trying to arrange a pension for the first time.

"It might be that someone phones up to say they don't like the return they're getting, and can we help them do anything about it? We then sit down and look at the scheme they've got, and depending what the details are, try and give some advice. You can't

really generalise on what that advice may be, it depends on the contract.

"It sometimes happens that what they've got isn't worth cancelling, because they'd just have to write off the premiums paid so far with no benefits whatsoever."

Having discovered if the caller is self-employed or a director, helped him decide how much he can afford to put into a pension scheme, sorted out when he wants to go into pension, set out the options in the event of early death, given the relative merits of with-profits and unit-linked schemes (not to mention single-premium versus regular payment contracts), and dissuaded him from buying a three-piece suite, John Hart can usually get a quote back from the company within 48 hours.

"From there it depends on the type of policy — if it's a single-premium scheme, it's just a case of letting us have a cheque.

"Of course, once you've taken out a pension contract, you shouldn't just pay the premiums or standing order and forget them. You should be reviewing the amounts you're putting in every five or ten years.

"Mind you, we've still got people on our books who are paying in £100 a year, and leaving it at that.

"How much they think that's going to produce, Lord knows."

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#### TABLE OF MERIT, NOVEMBER 1984

Anglia Photo Works, Cambridge  
Colourcare International, Downton  
Colourcare International, Liskeard  
Colourcare International, Newmarket  
A B Freegard, Poole  
Forest Photographic, London  
Grunwick Processing Labs, Borehamwood  
Nashua Photo Products, Paignton



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## Vestrict introduce their own scheme

Vestrict are bringing in specialist pension and insurance schemes for their customers on February 11.

The pension plan offers a choice of with profits or unit-linked contracts, with the facility to switch between the two. Both schemes have been arranged through Friends Provident and brokers J.W. Sleath.

Friends Provident, a mutual company, offer eight unit-linked funds, including managed, mixed, overseas equity and property.

The with profits contract carries annual and terminal bonuses. Terminal payments are currently worth about 60 per cent of the value of regular bonuses paid, say the company. Waiver of premium and open market options, as well as a loan facility, are available.

Life assurance can be coupled to the pension contract through section 226A arrangements. Private medical insurance can also be arranged.

The pension may be drawn at any age between 60 and 75, and can be paid annually or monthly. As an example, Vestrict quote the case of a pharmacist who starts premiums at 30, contributing £1,000 a year. At age 65, he can look forward to a tax-free lump sum of £241,866 plus a regular annual pension of £72,140, they say.

Vestrict are currently circulating details of the schemes to Vantage chemists, and hope to make them available to all their customers later. They are setting no concrete minimum level of business to qualify.

Vestrict customers using the plan will qualify for a 2½ per cent reduction on premiums on with profits schemes, or receive additional contributions of 1½ per cent on unit linked contracts.

Details of the accompanying insurance scheme can be found in *Business News*.

**Section 226A policies can include life cover**

Last year's Budget abolished income tax relief on premiums paid into life assurance policies, leading to speculation that pensions will be vulnerable this time around.

Mr Lawson was forced to make a statement to the House of Commons when people such as the police and the higher echelons of the Civil Service started to consider early retirement, fearing lump-sum payouts on their pensions would otherwise be taxed. The Chancellor, breaching traditional pre-Budget secrecy, said any change in the law which may be made would not be retrospective, affecting only plans taken out after the Budget.

CARTOONS BY MARTIN HONEYSET

## All change?

"May you live in interesting times" goes the old Chinese curse. Anyone trying to arrange a pension scheme at the moment will appreciate the sentiment.

Not only is Social Services Secretary Norman Fowler looking at ways of reforming the UK system of company pensions to encourage greater "portability", but Chancellor Nigel Lawson is thought to be considering using the Budget to remove some of the tax concessions currently enjoyed.

The Confederation of British Industry has been in the forefront of opposition to any change, with their "Hands off people's pensions" campaign. They argue that taxing pensions would discourage the self-employed from making adequate provision, and lead to lower benefits for those in company schemes.

"Unless employees are prepared to pay higher contributions, or receive lower benefits, employers will have to increase their contributions if their occupational pensions schemes are to be maintained" warns director general Sir Terrence Beckett.

"The total cost would be well in excess of the savings we achieved through abolition of the National Insurance Surcharge."

Premiums paid into a pension scheme currently qualify for income tax relief at the highest rate paid. And lump sum payments taken out on pension entry are completely free of both income and capital taxes. The investment funds used by pension companies are also free of tax. These concessions would be the target for any action in the Budget.

"The Chancellor could make changes in any of these three categories" explains the NPA's John Hart. "Or he could leave matters as they are. But I don't think he's going to do that. I think he's going to do something, if not this year then over the next two or three years."

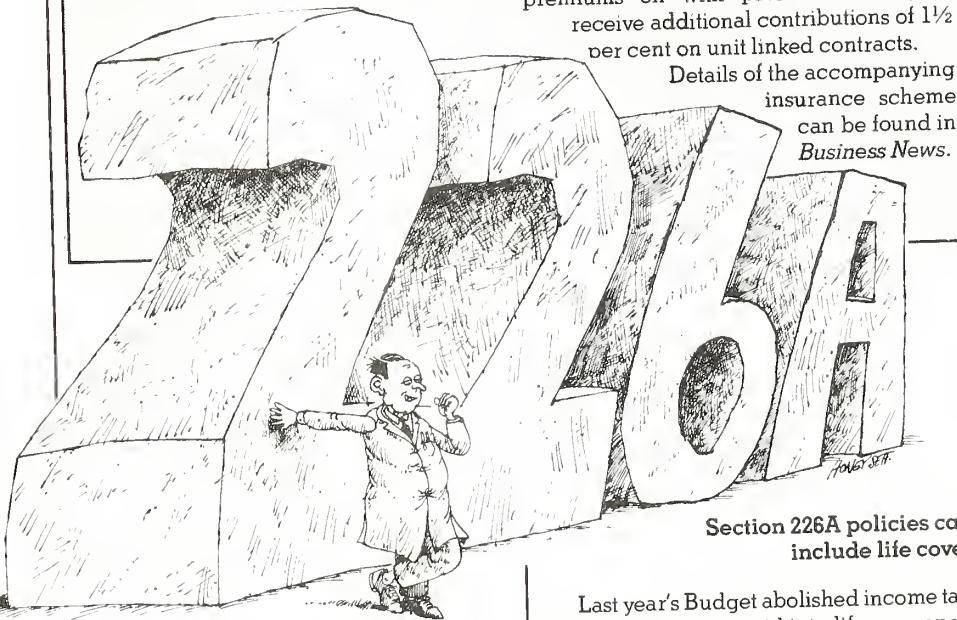
The Pharmaceutical & General Provident Society is described by NPA director Tim Astill as "pharmacy's sickness and retirement Christmas Club". And, indeed it's main purpose is to provide pharmacists with insurance against the cost of hiring a locum if they fall sick.

"But because pharmacists are a health breed, and because the society needs to maintain its reserves, it regularly makes a surplus" explains Mr Astill.

"Some of that surplus stands against the member's name, who then takes it as a tax free lump sum when he retires. Such has been the skill of our secretary Urban le Gallez in investing the money, that up to now, and I'd guess for the foreseeable future, the lump sum available to members on retirement has exceeded the value of their subscriptions, irrespective of how much they've claimed in sick pay."

"Of course, anything might happen, so we can't guarantee that will always happen in future, but that's the way it's panned out so far."

"In fact, one lady who's just written a book for us on the tricks of the trade for young pharmacists — quite unprompted by us — described Mr Le Gallez as a magician."



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Yes  No

How much could you invest each month?

£



## Unit-linked schemes

The number of plans offered prohibits more than a brief look at each here. Details can be had from the companies themselves

Investors choosing a unit-linked pension scheme put their money into one of several specialist funds run by the insurance company. A typical selection may include UK or international equity, gilts, property and geographically-based funds concentrating on areas such as America or the Far East.

Those who prefer to trust the company's own financial expertise can use a managed fund, which can switch money between the other funds or play the outside market as circumstances dictate.

In either case, fund performance can be followed daily in the *Financial Times*.

Investors can switch all or part of their capital between specialist funds according to performance, but this will involve a small management charge. Most companies offer one free move in each 12 months.

A waiver option can be taken to protect the investment should you be forced to break off contributions through illness. If your business has a poor year, you can reduce payments, subject to the company's minimum premiums.

Loan facilities are usually available,

Minimum contributions on **Barclays Life's** funds are £30 a month, £300 a year, or £360 for a single payment. Loan facilities are particularly attractive for professionals such as pharmacists, they say.

**Commercial Union's** eight choices include a guaranteed-return fund and one working in investment trusts. Switching charge is  $\frac{1}{2}$  per cent after the first move of each year. A waiver option, available to those under 55, will cost between 3 and 5 per cent of premiums. The company advise taking a cluster of plans to stagger completion dates.

The **Equitable Life** special situations portfolio, one of ten they offer, is for those prepared to accept higher risk in return for potentially higher reward. All the company's units are treated as accumulation units.

Switching between the funds at **Friends Provident** will incur "such charges as the office shall determine". Like all the companies here, they offer an open-market option when the policy matures.

**Guardian Royal Exchange** offer an inflation-linked pension at retirement, starting at a lower level, but hopefully growing with time. Their capital units carry a management charge of 3 per cent a year, while accumulation units cost only  $\frac{3}{4}$  per cent.

**Hambro Life** split their plans into ten contracts to allow for spreading of benefits.

although the pension contract itself cannot be used as security. Part of the final pension can be taken as a lump sum if required. These payments are restricted to three times the remaining annual pension, but are — at the moment — completely tax-free.

If the contract-holder dies before pensionable age, dependants will get the value of the fund to date; that is, accumulated premiums plus benefit of the investment so far.

The first units bought, usually those over the first two years of contract, are known as capital units. Those bought later are accumulation units. Capital units carry a considerably higher annual management charge.

The main management charge when buying units of a fund comes from the difference between bid and offer prices — about 5 per cent. Pension companies charge for units at the higher offer price, but pay only bid.

The percentage of your premiums which actually goes toward buying units may vary with age. Extra contributions can always be made to "top up" a fund.

The choice from **Hill Samuel** includes a managed fund working in the money markets. Switching charge is a flat £12, minimum contributions £25 a month, or £250 a year. A waiver option will cost 2 per cent. Accumulator units carry a charge of  $\frac{1}{8}$  per cent a year, capital units  $\frac{1}{4}$  per cent.

**London Life** say their status as a mutual

company, and policy of paying no commission allows for "much lower charges". They work with seven funds, including a mixed one, make no extra charge on initial units, and don't work on a bid/offer spread.

The only fund **Pearl** offer is a managed one. They have a monthly management charge of 1/16 per cent of the fund (plus expenses), and say loans are likely to be available "only if you are paying substantial premiums".

**Property Growth's** exclusive pension fund aims give unit-linked investors some of the control of a self-administered scheme. However, initial investment is £26,315, with a minimum of £1,000 for subsequent annual premiums. They suggest first taking out a conventional plan to build the necessary capital.

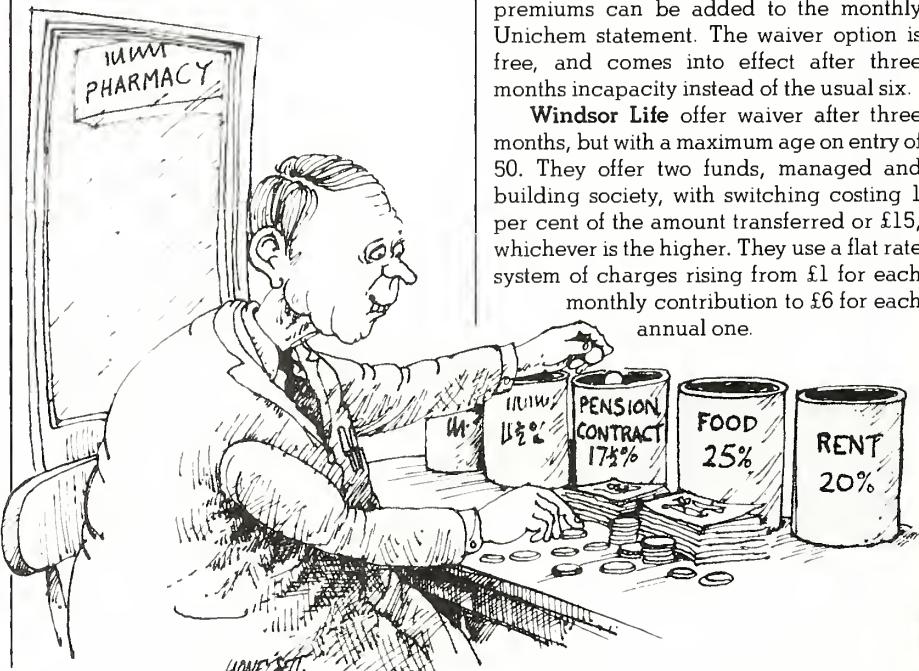
**Provincial Life's** selection includes high-technology and special situation funds. Minimum contributions are £10 a month or £100 a year, with a waiver option available for 3 per cent. Switching charge is £10.

**Prudential's** one fund — a managed one — offers the chance to switch to cash investment near retirement. Like PMI's John Hart, they suggest spreading your investment between with profits and unit-linked schemes.

Among **Sun Life's** 15 choices are three money market funds, offering investment in US dollars, yen or a mix of European currency. The maximum amount which can be switched is £1,000. Capital units are charged at  $\frac{1}{2}$  per cent, accumulation at  $\frac{1}{4}$  per cent. A waiver option costs  $\frac{1}{2}$  per cent.

The **Unichem** scheme is based on one offered by Sun Alliance, but gives additional benefits for members. An extra 3 per cent will be added to investments for the first ten years, rising to 5 per cent later, and premiums can be added to the monthly Unichem statement. The waiver option is free, and comes into effect after three months incapacity instead of the usual six.

**Windsor Life** offer waiver after three months, but with a maximum age on entry of 50. They offer two funds, managed and building society, with switching costing 1 per cent of the amount transferred or £15, whichever is the higher. They use a flat rate system of charges rising from £1 for each monthly contribution to £6 for each annual one.



# With profits schemes

With profits schemes pay investors' money into a central company pension fund.

Minimum rates of return, currently quoted at between 10 and 12 per cent, are guaranteed, but funds may show substantially higher growth.

Bonuses are added to the pension each year to boost benefits. These bonus payments are determined by the individual company's profits, and are declared annually. Once announced, they cannot be withdrawn.

A terminal bonus may also be added at retirement age. Whether or not a company gives these bonuses will depend on the performance of their fund at the time. Merely because a particular pension company is paying terminal bonuses when you enter pension is no guarantee they will be doing so when your pension reaches maturity.

Open market, lump sum and waiver options are similar to those for unit-linked plans. On taking out a contract, you must decide what you want to happen in the event of death before pension.

The Co-operative Insurance Society's scheme offers return of premiums, compounded annually at 5 per cent. In addition to annual and terminal bonuses, Co-op also give a final bonus; one added at entry to pension in lieu of profits after retirement.

**Equitable Life** offer value of the fund to date for death before pension, with annual and terminal bonuses and a minimum contribution of £150.

**General Accident**, formerly Yorkshire General, offer a spread of five different with-profits policies. Death before pension brings either a return of premiums or fund plus benefit to date.

Another company to offer a final bonus is the **Prudential**. They give premiums plus 5 per cent a year on early death, and offer the facility to link premiums to inflation.

Some companies, such as **Refuge**, add up the premiums you expect to pay and calculate an equivalent capital amount. When you reach pension, they apply their current annuity rates to this sum, compare it to the value of your fund, and pay the higher amount. A similar deal is available with General Accident.

Other companies offering with-profits schemes include Commercial Union, Friends' Provident, Guardian Royal Exchange, FS Assurance, Life Association of Scotland and London Life.

These tables, supplied by John Hart of Pharmacy Mutual Insurance, illustrate the benefits available under a regular premium, with-profits policy from Clerical Medical Life Assurance. The first set are based on a client of 43, who wishes to retire at 60. He is assumed to be liable to income tax at 30 per cent, and able to afford annual premiums of £2,500 before tax. It is further assumed that the illustrative nominal funds below (in the first case £122,979) can be re-invested for pension at the current rate of £129.40 per 1,000. Under current law, the cash sum is tax-free. Pension payments are taxed as earned income.

## A) Death before pension pays premium without interest.

	Guaranteed benefits	Illustrative benefits	Retirement bonus
Nominal fund	£58,806	£122,979	£43,289
Either a cash sum of	£11,677.10	£36,701.85	£12,919.16
plus annual pension of	£3,690.12	£11,164.20	£3,929.76
Or annual pension of	£4,604.40	£15,913.44	£5,601.48

## B) Death before pension pays premium plus 4% per cent compound interest.

	Guaranteed benefits	Illustrative benefits	Retirement bonus
Nominal fund	£58,133	£121,571	£42,793
Either a cash sum of	£11,543.46	£36,281.64	£12,771.14
plus annual pension of	£3,647.88	£11,036.40	£3,884.76
Or annual pension of	£4,551.72	£15,731.28	£5,537.40

## C) Death before pension pays nominal fund plus benefit to date.

	Guaranteed benefits	Illustrative benefits	Retirement bonus
Nominal fund	£56,836	£118,860	£41,839
Either a cash sum of	£11,285.92	£35,472.57	£12,486.43
plus annual pension of	£3,566.52	£10,790.28	£3,798.12
Or annual pension of	£4,450.20	£15,380.40	£5,413.92

The second set of tables are based on a client of 31, again wishing to retire at 60. All other details are as above.

## D) Death before pension pays premiums without interest.

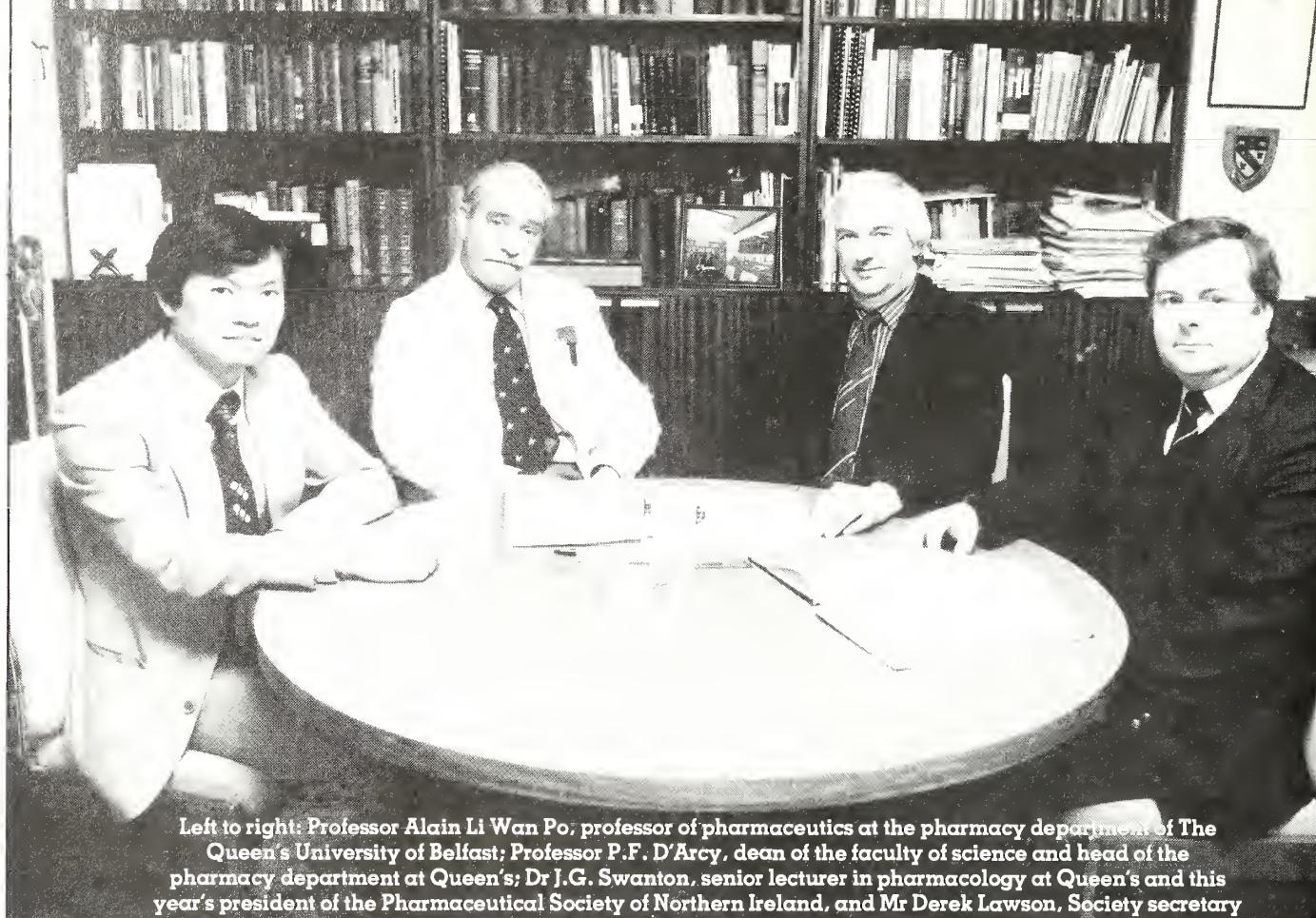
	Guaranteed benefits	Illustrative benefits	Retirement bonus
Nominal fund	£69,650	£253,305	£156,036
Either a cash sum of	£13,830.40	£75,596.34	£46,567.38
plus annual pension of	£4,370.64	£22,995.48	£14,165.16
Or annual pension of	£5,453.52	£32,777.64	£20,190.96

## E) Death before pension pays premium plus 4% per cent compound interest.

	Guaranteed benefits	Illustrative benefits	Retirement bonus
Nominal fund	£67,980	£247,232	£152,295
Either a cash sum of	£13,498.78	£73,783.91	£45,450.91
plus annual pension of	£4,265.76	£22,444.08	£13,825.56
Or annual pension of	£5,322.72	£31,991.76	£19,706.88

## F) Death before pension pays nominal fund plus benefit to date.

	Guaranteed benefits	Illustrative benefits	Retirement bonus
Nominal fund	£64,779	£235,591	£145,124
Either a cash sum of	£12,836.16	£70,309.77	£43,310.80
plus annual pension of	£4,065.00	£21,387.36	£13,174.56
Or annual pension of	£5,072.16	£30,485.40	£18,779.04



Left to right: Professor Alain Li Wan Po, professor of pharmaceutics at the pharmacy department of The Queen's University of Belfast; Professor P.F. D'Arcy, dean of the faculty of science and head of the pharmacy department at Queen's; Dr J.G. Swanton, senior lecturer in pharmacology at Queen's and this year's president of the Pharmaceutical Society of Northern Ireland, and Mr Derek Lawson, Society secretary

## Queen's looks ahead

The department of pharmacy at The Queen's University of Belfast has taken another significant step forward with the appointment of a professor of pharmaceutics at the beginning of the year. C&D went to Belfast to talk to the head of school, Professor P.F. D'Arcy and newly appointed Professor Alain Li Wan Po about the department's development and future prospects.

The department has come a long way since the appointment of its first professor — Professor D'Arcy — in 1971 when it moved from the old Belfast Technical College. "We started off next to the boiler room in the medical biology centre at Queen's," Professor D'Arcy explains. "There was myself and Frank Newcombe and a typewriter. We tossed a coin to see who would do the secretarial work. I lost."

Dr Newcombe is now head of the school of pharmacy at Leicester Polytechnic.

Professor D'Arcy, now dean of the faculty of science and head of the pharmacy department, took on not only the secretarial work but also the job of designing the new pharmacy building in collaboration with an architect. And he was not new to such a task. Professor D'Arcy had done much the same when he was commissioned to establish a school of pharmacy in Khartoum, in the Sudan.

"I was given a chair, a table and an arabic ruler, he says."

Once the plans for the department at Queen's were finalised they were submitted to the University Grants Committee. "We were told to take 6in off all round, so we made the corridors narrower," says Professor D'Arcy.

The ceilings of the truly purpose-built department are lower than usual. "But we put in large windows and made the ceilings reflective using white tiles to give a light and airy atmosphere." Professor D'Arcy also had a hand in the design of the interior of the £1m building, which houses some £34m of equipment.

### "Temporary" huts

While the new premises were going up, students were taught in "temporary huts" which still stand today, housing the medical genetics laboratories. There were also research labs in a converted GP's house in Elmwood Avenue nearby.

"We turned the bathroom into a microbiology research laboratory for example," Professor D'Arcy explains.

Khartoum too had begun life in temporary accommodation and Professor D'Arcy remembers annoying the then anatomy lecturer, the late Dr Ernest Trinnick. "He complained because the new pharmacy building was blocking the light to his dissecting rooms." Ten years later, after the huts at Queen's went up, Professor D'Arcy was again chastised for blocking the light to the dissecting rooms with temporary huts. The complainant was none other than Dr Ernest Trinnick!

By September 1971 all the undergraduate teaching was being done at the Elmwood Avenue house, in the huts, or in borrowed laboratories and lecture theatres in the surrounding medical biology centre. The new pharmacy building was completed in 1980.

The initial intake at Queen's was 21 students a year. "It is now 41, and we could cope with 100," says Professor D'Arcy. But in terms of manpower requirements 41 is sufficient. "There is not much point in turning out too many students so they then can't get a job."

But that restriction does present problems. The UGC maintains that a school cannot be viable unless it has a minimum intake of 60. "That's rubbish," Professor D'Arcy insists. He went to the UGC and asked for the staff to be increased — the department has him to thank for its excellent staff/student ratio.

Professor D'Arcy believes his department



The new department of pharmacy at the Queen's University of Belfast (above) and a view of the department's pharmacology laboratory (below)



is also unique in truly being on a medical campus. It is surrounded by the medical sciences buildings at Queen's and Belfast City Hospital. It even shares the hospital's switchboard.

However, the department itself is part of the faculty of science, rather than medicine. That really stems from the days when a degree was a four-year course. The first year then was a basic science course, with many lecturers borrowed from other science departments. Professor D'Arcy expects that integration with the medical school will probably happen eventually. "But we need to go in as a school, not a department," he says. "Pharmacy is sufficiently broad and scientifically strong to deserve a multi-departmental set up."

Thus growth is a key factor: "We have

been growing at a time when government finance has been diminishing and it hasn't been easy," Professor D'Arcy explains.

A further increase in size would come from an increased number of postgraduates. At the moment there are 22. Professor D'Arcy would eventually like to see as many postgraduates as undergraduates. But they would not necessarily have to be full-time or working at the University. Queen's currently has 19 full-time or part-time PhD or MSc students and three part-time, so called practitioner PhD students. All three practitioners have MSc's in hospital pharmacy or in one of the pharmaceutical sciences. Essentially they are doing practice research in their own particular field, reporting to the University at regular intervals.

Among the practitioner PhD's Leslie Pielou, district pharmaceutical officer at Ulster Hospital, Dundonald, is looking at computers in pharmacy; Mr J.D.G. O'Hare from Purdysburn Hospital is researching psychiatric pharmacy practice, and Mr N.C. Marrow, pharmaceutical officer with the Department of Health, who was drug information pharmacist at Ulster Hospital, is looking at drug information in pharmacy practice.

The degrees take about four years to complete. They were established some two years ago and are funded by the Eastern Health and Social Services Board. A deal has been negotiated with the Board such that, as one practitioner PhD candidate finishes, another takes his or her place.

As for the MSc's in hospital pharmacy Professor D'Arcy believes that the Queen's degree, started some 14 years ago, is the only one in the UK which can be called "clinical". "We only take people with four or five years hospital experience. 'Across the water', candidates tend to be taken in too early and are thus very naive about work. Our MSc students can probably teach us

about hospital pharmacy. What we can do is increase their skills. It is significant that every one has been promoted in the service."

### Graduates abroad

And it is not just in hospital that Queen's PhD graduates have done well. Dr W. Woodside is managing director at Galen Research Laboratories, Antrim and Ivey Pharmaceuticals, Larne; Dr J. Rolston is quality control manager at Galen and Ivey; Dr J.A. King is managing director of Galen Ltd, Portadown; Dr T.R. Lowther is CAPO, Lothian Health Board, Edinburgh; Dr N.C. Cooper is a former chief pharmacist, DHSS, Northern Ireland; Dr T.F. Muldrew is managing director, John Clark & Co, Belfast, and Dr J.G. Swanton, senior lecturer in pharmacology at Queen's is the current president of the Pharmaceutical Society of Northern Ireland.

As with so many things in the Province the postgraduate scheme works well because it's on a relatively small scale and is easy to administer. And Professor D'Arcy would encourage more pharmacists to become involved, particularly those in industry.

The department has very close links with the Pharmaceutical Society of Northern Ireland, not least in Dr Swanton. He is the first academic to be president. This in itself has benefits, as it is easy for the Society to realise the needs of students and vice versa: the university is well placed to realise the needs of practice. There is for example a management option in the final year, and all pre-registration students are required to take a three-day residential course in management. Another pre-registration requirement is that at least six months must be spent in general practice. This reflects the fact that the vast majority of pharmacists in the Province work in community pharmacy.

Professor D'Arcy is, however, acutely aware of the danger of becoming too

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# PHARMACY EDUCATION

parochial. But he thinks Queen's has a lot in its favour to overcome that. Links have been forged with many other universities, "and we are now at the delightful stage of being able to send colleagues out to these places," he says. Lecturers from Queen's regularly visit the Universities of Khartoum, Kuwait and Zimbabwe. Additionally the department has been involved in the development of undergraduate pharmacy education at the University of Colombo in Sri Lanka.

There are also links with international bodies: Brendan Kerr, a research student at Queen's, is currently secretary general of the International Pharmaceutical Students Federation and Terry Maguire is immediate past president of IPSF. Professor D'Arcy himself is a vice-president of Federation Internationale Pharmaceutique.

## External input

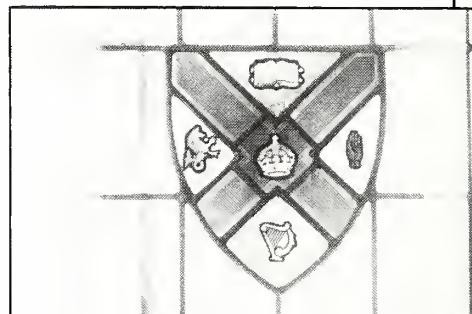
Further external input is provided by the recent appointment of Michael Scott, a hospital information pharmacist. He has a joint lectureship/hospital appointment.

One of the postgraduate pharmacy students at Queen's working in the department's instrumentation laboratory. Queen's pharmacy department houses some £34m of equipment

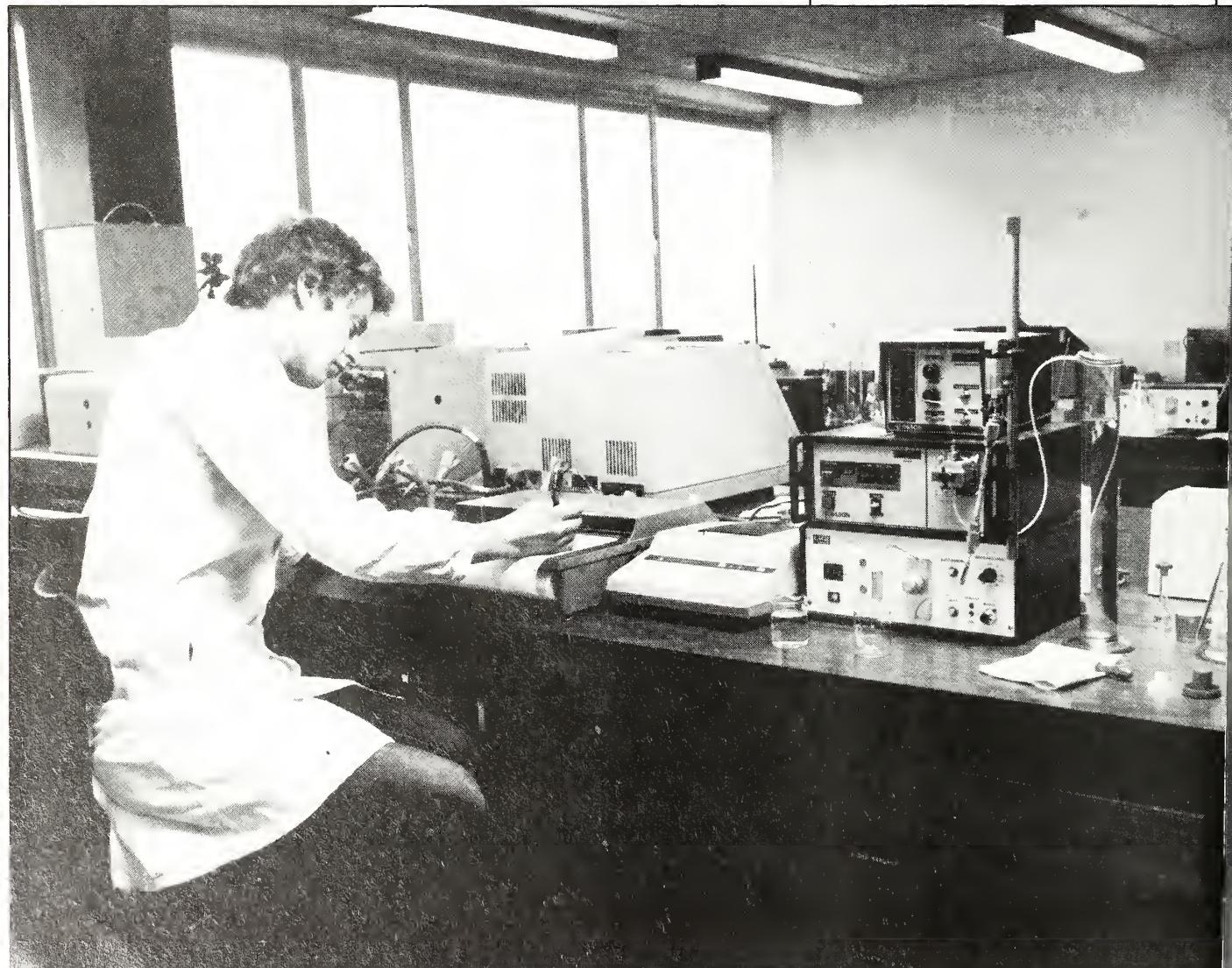
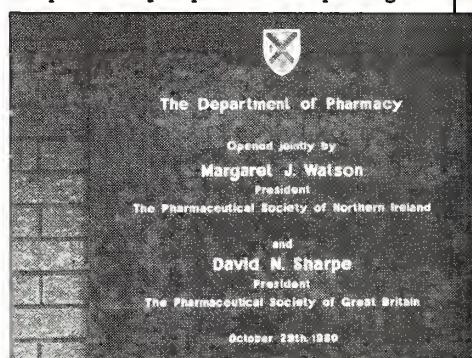
Queen's pay his salary in full and are reimbursed 50 per cent by the Eastern Health and Social Services Board. Thus it is a full university post, explains Professor D'Arcy, one of just a few of its kind in the UK. Using practising pharmacists to teach undergraduates is something which Professor D'Arcy hopes to see more of in the future.

But the real area of future development is in pharmaceutics and that's where the department's new professor comes in: Professor Alain Li Wan Po, from Aston University in Birmingham, maintains that very often the benefits of proper pharmaceutical formulation are not adequately appreciated: "Pharmaceutical formulation is unique to pharmacy: that is where pharmacy can score."

Professor Li Wan Po's aim is to foster closer relationships with industry to develop novel drug dosage forms. That will be important in the future, he says, particularly because it is becoming increasingly difficult to produce novel drug molecules and



Above: The University crest in stain glass and (below) a plaque commemorating the pharmacy department's opening





Filling specimen tubes in the microbiology aseptic laboratory (top); students at work in the pharmaceuticals laboratory (above), and (below) part of the department's dispensary, with George VII rhubarb storage jar in the corner



therefore existing drugs have to be optimised by better formulations. Pressures brought on by restrictions on product availability on the NHS also make formulation optimisation a financially sound approach.

Drug formulation with an emphasis on controlled release and drug stability are particular interests of Professor Li Wan Po. That fits in well at Queen's, adding to work already being done there on transdermal delivery systems.

#### Future funding

It fits in well too with the future Professor

Below: liquid scintillation counter in use in the department



D'Arcy sees a need for university funding. He predicts that perhaps 70 to 75 per cent of the grant will be given, as it is now, for undergraduate tuition. But the remaining 25 per cent will have to come from research grants, earned mostly by the universities themselves.

Research will therefore have to be productive, Professor D'Arcy says. But he admits he dislikes the idea of having to "go commercial". Nevertheless, "if we are going to do it, we will do it well."

"We will look for areas that are interesting. We would not be interested in research just because it brought in money. That way we would just end up doing all the dirty work."

Professor D'Arcy points out that the department has become a centre of pharmaceutical publishing. Dr D. J. Temple edits *Reviews on Drug Metabolism* and *Drug Interactions*, Professor D'Arcy is editor of *Pharmacy International* and the *International Journal of Pharmaceutics*, and Professor Li Wan Po edits the *Journal of Clinical and Hospital Pharmacy*.

## Depo-Provera's long term use

**The effects of Depo-Provera should be thoroughly explained beforehand to women considering its use as a long-term contraceptive, say Upjohn.**

They should be made fully aware of its possible side effects, that the injection lasts three months and is not reversible, and that the return of fertility may be delayed once treatment has stopped.

Depo-Provera was licensed in April 1984 for long-term contraception, following a public inquiry, and is now being formally launched for this indication in the UK. It is intended for long-term use only in women for whom other contraceptives are contra-indicated or unsatisfactory.

The manufacturers are issuing doctors with information sheets to give to their patients before they start treatment. The leaflet, available in eight languages as well as English, explains that Depo-Provera causes heavy and irregular bleeding followed by amenorrhoea.

## Sponge potential

**The polyurethane sponge used in the new Today vaginal contraceptive (C&D, January 19, p112) could prove a good delivery system for anti-fungal drugs, according to its designer, Dr Bruce Vorhauer.**

He told a Press conference last week that the US manufacturers VLI Corporation, of which he is chairman and founder, are hoping to join with a Swiss company, Sigfried, in developing a treatment for vaginal infections. They intend to use the sponge as a controlled delivery system for the anti-fungal oxiconazole and hope to market it in a couple of years.

Studies at the University of Pittsburgh have shown that the spermicide in the Today sponge, nonoxynol-9, inhibits the pathogens responsible for gonorrhoea, syphilis, chlamydia and herpes virus type II infections. A trial is under way in Thailand to see if the sponge is effective in preventing sexually transmitted diseases and results are expected later this year.

Dr Vorhauer is concentrating most of his research on improving the contraceptive efficacy of the product, in particular to improve the ability of the spermicide to reach the sperms.

## No savings

In response to the reported submission of the Association of the British Pharmaceutical Industry to the House of Lords (see p262), I shall leave argument on pharmacists' fees to the appropriate body, but cannot allow comment on wholesaling costs to pass unchallenged.

To suggest that savings can be made in wholesaling costs is surely to misunderstand the position. Efficiencies introduced in recent times have reduced wholesale distribution costs to an absolute minimum, which compare more favourably with other countries where the scenario is similar.

The argument that a reduction in terms from manufacturers with an onward reduction in discount to community pharmacists is a saving, is to defy the laws of simple mathematics ( $X - X = 0$ ). Indeed, to remove discount would increase wholesaler distribution costs as, *inter alia*, the savings resulting from the polarisation of accounts would disappear.

As far as the profit element of the equation is concerned, an examination of profit margins by an independent firm of accountants indicates quite clearly that there are no savings to be made there.

**O. Logan**  
Director National Association of Pharmaceutical Distributors.

## Paradoxically...

May I add an observation on my article "The dispensing paradox in the Medicines Act" (C&D January 12, p78).

In supplying POMs in the circumstances I referred to in item 1 of my comments on the Tenterden decision, receptionists commit a S.67 offence. Whereas doctors are exempt from the provisions of S.58, their receptionists are not. It would not be a valid defence for a receptionist to claim that she was acting on the instructions of her employer.

**K.J. Knight**  
Haslemere

## Losers again

It looks as if we are in for another subscription to the NHS and the ABPI over rebates for obsolete "ethicals".

We wrote to all the makers of insulins before the U100 changeover. Who let us take the loss of unused stock? Wellcome.

We wrote letters to Wyeth asking what they would do about unused stocks of the high dose "pill" and received no reply.

Little wonder that we are not over-

enthusiastic about "me too" counter products from the same suppliers.

**Trevor Darke**

Sunderland

Wyeth commented that, in the case of products such as the higher dose oral contraceptives, it was company policy to take back usable stock and exchange it for low dose "pills". Similarly, the company was hoping to assist pharmacists with exchanges for unwanted stock as soon as clear plans emerged on the limited list.

Wellcome told C&D: "We did not initiate the U100 change over. Co-ordinating hospital physicians kept interested parties informed of progress with the change over in local areas. Instant availability of Wellcome insulins via wholesalers has enabled retailers to keep low insulin stocks. Nonetheless Wellcome regard retailers as key customers and each case of outdated stock is dealt with on its merits."

## Foul list

We are often told that "ideas" or inventiveness are one of the key assets of our island race. We seem to be better than most at dreaming up, not just new things, but new uses for older things.

Some 50 per cent of new wealth (excluding oil) of the developed countries' total revenue has come from ideas and inventions first posted in dear old GB since the last war. But somehow we haven't managed to get much from our share. We've let them, and their earning power, slip through our fingers. Why?

You may well ask! We may be damned good at inventing things but we are abysmal when it comes to putting money behind them. This fact will automatically generate howls of protest from Government and big industry — but that does not make it any less true. When we do get an industry that has the guts to put its money where its mouth is — the pharmaceutical industry — further howls are heard from those who propose that it is making money (profit no less) from the poor and suffering and sick.

So the Government moves in to make quite sure it doesn't do it again, and cripples it in the process. Because of lack of potential return in new research, it has to give up the ghost and become one of the poor, sick and needy industries. The net effect of penalising successful export-earning industries such as this, is that GB no longer becomes attractive as a base for research and development, nor for selling new research-based drugs.

Just give it a few years and we'll all be complaining about the high price of imported Japanese drugs — we'll have to pay for them. But how much better to

proscribe some of the worst excesses in the UK rather than allow this wholesale slaughter.

One might also give some thought as to the effects on the pharmaceutical profession too, as well as on the GP who knows what he wants to use on his patients. Both pharmacists and doctors undergo rigorous training and are surely not all completely bamboozled by the drug company representative?

The real reason for this stupid move by Mr Fowler (which, incidentally, does not effectively cover many of the therapeutic areas properly) is simply to obey Mr Lawson's latest penchant for bashing the health service; that in turn arises from the instructions of "she who must be obeyed".

**D.A. Roser**  
Suffolk

The address for Lanimead (*C&D*, last week, p248) should have read The Courtyard, 387 Ashley Road, Parkstone, Poole, Dorset. The two patient records cards used on p244 had been transposed. Mr Shulman's card was at the bottom.

## Reprimand for taking CDs under stress

**A former pharmacist at a Chadwick branch of Boots admitted systematically stealing more than 5,000 Dexedrine tablets over a five year period, the Pharmaceutical Society Statutory Committee was told recently.**

Mrs Valerie Stewart, who worked at the High Road branch, said she had started off by taking a few tablets in 1979 to try to alleviate the extreme upset she was feeling when she learned her mother had cancer. Soon she was taking the Controlled Drug at the rate of two or three tablets a day, said Mr Josselyn Hill, for the Society.

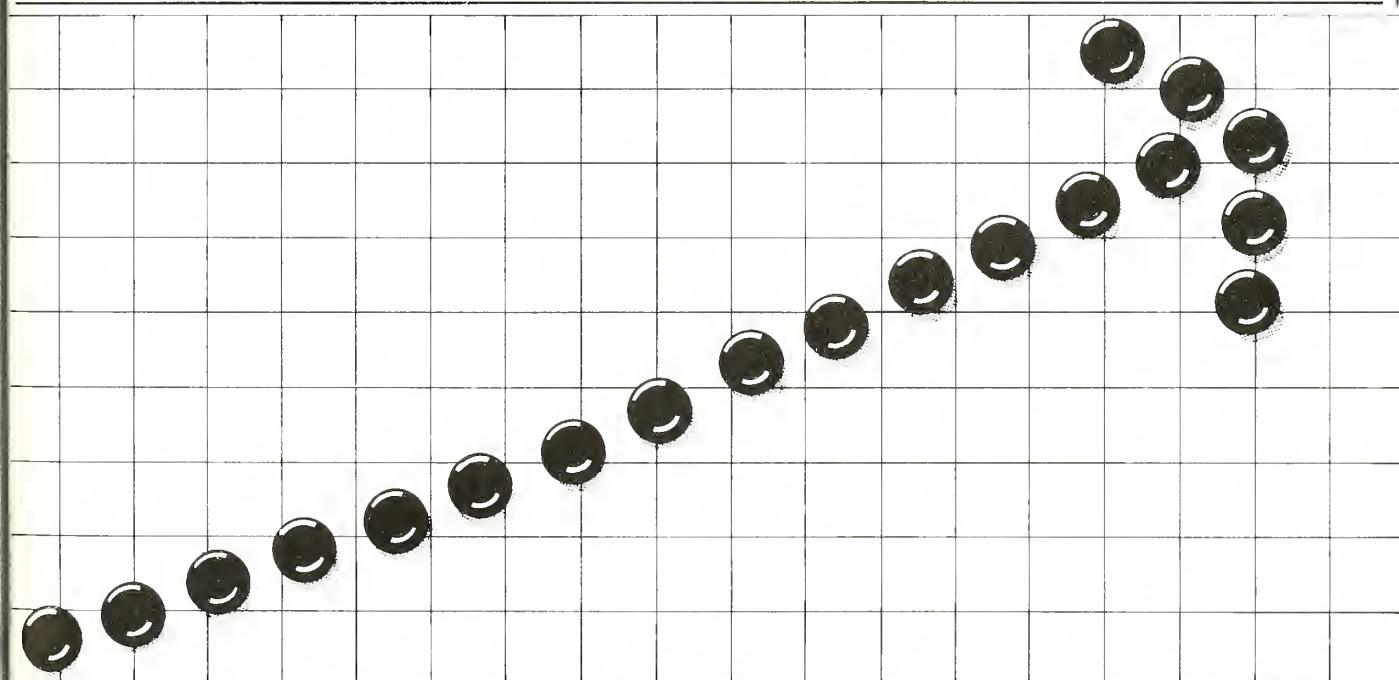
The Committee decided to give her a formal reprimand. Chairman Sir Roger Ormrod said this was not a case for striking her name from the register; she had a

previous excellent record and was fit to continue working as a pharmacist.

While Mrs Stewart took a considerable number of tablets for her own consumption, there was no question of her supplying anyone else or falsifying the Controlled Drug register to cover her traces.

Mrs Stewart, of Sutton Court Road, Chiswick, came before the Committee after her appearance before Acton Magistrates last March. Then she pleaded guilty to the theft of 1,200 dexamphetamine tablets between January and December 1983; unlawful possession of Dexedrine; and failing to keep proper records of the supplies out of the pharmacy of Dexedrine. She asked for four offences to be taken into account involving the theft of Dexedrine tablets between 1979 and 1982, and was given a conditional discharge for two years.

Mr Hill said the offences came to light after a burglary at the branch in February last year. A check of the Controlled Drugs register revealed that 5,525 Dexedrine tablets were not accounted for.



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## Vestric bring in own insurance package

Vestric are bringing in specialist insurance and pension packages for their customers.

They say they are setting no minimum order level to qualify for the schemes "although, obviously we would expect people to do business with us".

The insurance plan, put together with brokers J.W. Sleath, includes special cover for photographic goods, automatic stock increase in the run-up to Christmas and Easter, and no-limit cover on drug stocks.

Contents under the plan are covered against loss or damage from any cause, and retail premises can be added if necessary. Theft is covered only if after forcible entry. Value of contents (other than stock) is calculated on a replacement-

as-new basis, and is index-linked.

Stock provision automatically includes an additional £500 to cover photographic stock.

Pharmacists and staff have maximum cover of £5,000 against personal assault. Public and employer's liability is also included, although this will not include cover against dispensing error.

Value of stocks is automatically increased by 25 per cent prior to Christmas and Easter. Goods in transit and breakage of glass are also covered.

The plan is based on one offered by Sun Alliance. Vestric customers qualify for a special annual discount on premiums of 5 per cent.

Details of the pension plan appear in this issue's feature on the subject.

## Cashless shopping 'within two years'

A national system of cashless shopping could be under way in the UK within two years.

This is the aim of the banks and the Retail Consortium which have just announced their plans for the development of Electronic fund transfer at point of sale.

This is the system where the customer passes a credit card through a magnetic reader on an in-shop terminal and then keys in his personal number.

The assistant enters the amount of the transaction, which is either authorised or rejected by the bank, and a receipt issued. The whole process should take less than 15 seconds.

The banks hope to have a pilot system in operation by 1987. This will use existing telephone wires, with equipment initially supplied by British Telecom and IBM. They say that, by 1996, EFTPOS will account for 12 per cent of all transactions, with about 250,000 terminals in operation.

Credit cards will still account for £700m of transactions, with cheques at £1.6bn and plain cash still top with £2bn..

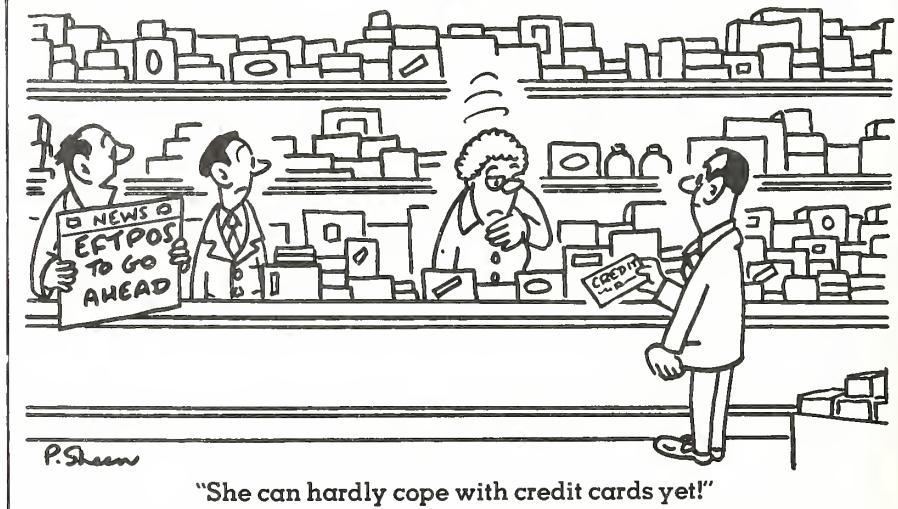
For retailers, the advantages should be better cash flow, more efficient accounting and a potentially cheaper cost per transaction. According to Brian Apps, information officer for the Banking Information Service, the bank tariff on each EFTPOS transaction will be a

fraction of the present charge on cheques.

However, retailers will have to bear the cost of terminals, either by purchase or renting. The banks expect that most terminals will be in the large food and department stores, but EFTPOS may also be economically viable for the small retailer.

Maurice Healy, deputy chairman of the Retail Consortium says that simpler terminals, suitable for use in smaller shops, may actually be cheaper to develop than the supermarket models.

Chemists could be in EFTPOS from the start. Anglia Building Society plan to introduce their own system in Northampton before the end of the year and have been talking to major multiples and smaller chemist chains.



## New S&N shares to finance buy

Smith & Nephew are issuing 23 million new shares to raise cash for their purchase of Affiliated Hospital Products.

The shares, carrying a nominal value of 10p each, were last week placed with institutions at 225p. They will raise £52.2m, enough to finance the whole acquisition.

Smith & Nephew announced the buy last month, but said then they had yet to decide how to raise the cash. They already have acceptances for 73 per cent of AHP stock, with their cash offer for the remainder running out at the end of this month. The money is to be put in a US dollar investment account.

## Volvo move into pharmaceuticals

Volvo have begun "a long-term move into biotechnology and pharmaceuticals" with the purchase of an important stake in Pharmacia.

Volvo have become a major shareholder in the company as the first step of "a long term move into biotechnology and pharmaceuticals".

Still primarily a car company, Volvo will be Pharmacia's largest single shareholder with 26.6 per cent of voting power and 6.4 per cent of the equity. They are understood to have paid over SKr650m (£63.7m), a premium of 10 per cent.

They say they want to "expand the expertise of Swedish biotechnology, improve co-ordination in the industry, and strengthen its competitiveness".

## Ciba take over sales for International Labs products

**Ciba Consumer Pharmaceuticals are taking over sales responsibility for all International Laboratories' products on March 1.**

Ciba's 25-strong national sales force will handle transfer and direct order business in-store. Distribution and invoicing will continue to be handled by Interlabs. The arrangement will initially run for two years.

"Our sales force has already proved its worth in regular contact with community pharmacists" explains Ciba sales manager Graham Ford.

"Interlabs have an extremely attractive list of products, plan further launches, and deserve the support of a professional sales team."

There are currently no plans to increase the size of the sales team, Mr Ford said, although he suggested there were plans to introduce further products into

the Ciba range at the end of the year.

Interlabs, who sold their Mucron, De-Do and Proflex brands to Ciba last May, have made it no secret that they intend to launch a number of new Pharmacy products in the coming months. Migralift, an OTC version of Migraleve, was launched on a trial basis in Yorkshire a fortnight ago — television advertising commenced last week.

Chemist customers will still be able to order direct from Interlabs. Chemist mailings will continue, but on a quarterly basis only.

Chris Banks, sales director of Interlabs, said: "1984 was a year of great change for us with the move of Mucron, Do-do and Proflex to Ciba. It has required us to review our selling methods to ensure that our existing product range and proposed new introductions receive the appropriate level of support."

51.2 per cent. SmithKline are second with 33.0 per cent, and Eli Lilly third with 32.8 per cent.

The rest of the top ten are Syntex, ICI, American Home Products, Pfizer, Elan, Johnson & Johnson and Adcock-Ingram who bring up the rear with 26.4 per cent.

Sweden's Ferrosan ploughed the largest percentage of their sales back into R&D, followed by Synthelabo, Boehringer Ingelheim, Angelopharm and ISF. Hoechst spent most in absolute terms (\$288.1m), followed by Boehringer Ingelheim, SmithKline, Sandoz and Johnson & Johnson.

Seven companies took over 95 per cent of their total sales from foreign markets, four Swiss, one Danish, one Dutch and one American.

*Scrip's* report is drawn from a questionnaire distributed to 291 pharmaceutical companies from 34 different countries. *Scrip's Pharmaceutical Company League Tables 1983-84 (£120)*, available from 18 Hill Rise, Richmond, Surrey TW10 6UA.

## Ransom pay

William Ransom have bought the assets of Halas Laboratories, and used them to form Halas Pharmaceuticals, a new company. It will continue to operate from Thorp Arch Trading Estate, Wetherby, West Yorks. The company is licensed to make liquids, creams and ointments.

## Red tape report will go to PM

A Government review of measures to help small businesses is with the Cabinet, and being prepared for Prime Minister Margaret Thatcher's attention.

Reports from seven Government departments, working under the direction of the Department of Trade & Industry, go to make up the review. They will be combined into one report before being presented to Mrs Thatcher.

The review is thought to suggest amending safety legislation, reducing auditing requirements, making planning permission easier, extending the enterprise allowance scheme and relaxing consumer law.

The DoT will make no comment on the review's proposals, but a spokesman pointed out that some of the suggested moves would not require changes in legislation, but could be made by order. Action could therefore be taken without having to wait for Parliamentary time to become available.

## Gas leak at Nichol Beauty

Nichol Beauty Products, makers of own-label toiletries for several major supermarket chains, had a leak of chlorine gas at their Norfolk factory last week.

Five workers on the site were hospitalised, but all have since been released.

A contractor working on the site to install a tank for making de-ionised water accidentally mixed hydrochloric acid with sodium hypochlorite before adding it to the water in the tank, so creating the gas.

The plant was evacuated, and staff taken to hospital for precautionary checks. Five were detained, four overnight and one for the weekend.

Meanwhile, firemen neutralised the gas under directions from a company chemist. "Fortunately, no serious injuries were sustained" said production director Ray Jones.

The accident happened mid-morning on Thursday, and production was back to normal the next morning.

Nichol's Thetford factory is a notifiable site under Health and Safety legislation, and an investigation is currently under way.

# COMING EVENTS

## Lords defeat for Insolvency Bill

The Government has withdrawn proposals to automatically disqualify directors involved in compulsory liquidations, following a defeat in the House of Lords.

Peers pressed strongly for a Government statement before allowing the Insolvency Bill to proceed through committee.

An amendment, passed by the Lords by 95 votes to 47, puts disqualification at the discretion of the High Court.

Applications would come from the Trade Secretary, director general of fair trading, official receiver or a creditor of the insolvent company.

The Government has agreed to table new proposals taking account of the defeat, to be considered in a special second committee stage. But they would not say when the new proposals could be expected, despite protests from the Lords.

### Monday, February 11

**Southampton Branch, Pharmaceutical Society.** The Canute Room, Polygon Hotel, Cumberland Place, Southampton at 7.30pm. Mr T.P. Astill, MPS, Director of National Pharmaceutical Association will talk on "The cloudy crystal ball." Joint meeting with Southampton branch of NPA.

### Tuesday, February 12

**Bath Branch, Pharmaceutical Society.** School of Pharmacy and Pharmacology, Bath University at 8pm. Mr Rex Howarth, MPS on "Dowsing and Divining...the sixth sense."

**Edinburgh Branch, Pharmaceutical Society.** 36 York Place, at 7.45pm. Mr A. Sanders, marketing director for Smith & Nephew on "Drug promotion — the whys and wherefores."

**Lothianshire Branch, Pharmaceutical Society.** Strathavon Suite, Garrison Hotel, Merry Street, Motherwell, at 8pm. Dr P.B. James, Wolfson Institute of Occupational Health, University of Dundee, will talk on "Hyperbaric oxygen in the treatment of multiple sclerosis."

### Wednesday, February 13

**Epsom Branch, Pharmaceutical Society.** Bradbury postgraduate medical centre, Epsom District Hospital, at 7.45pm. Mr B.W. Burt, FFS, Department of Pharmacy, Chelsea College will talk on "Adverse drug reactions in general practice pharmacy."

**Royal Society of Chemistry, Analytical Division.** E.R. Squibb & Sons Laboratories, Redds Lane, Moreton, Wirral, at 7pm. Dr T.B. Hales, consultant clinical pathologist, Wirral Area Health Authority, will talk on "Aspects of analytical chemistry in hospital laboratories." Registration formalities are required for this meeting so for further information contact the Royal Society of Chemistry, Burlington House, London.

**Continuing Education for Pharmacists in Northern Ireland.** Medical Biology Centre, Lisburn Road, Belfast, at 8pm. Dr D. Temple on "Vitamin and trace element supplementation." Light refreshments will be served prior to meeting. For further information contact Norman Morrow, Course Organiser,

Dundonald House, Upper Newtonards Road, Belfast. Telephone: 0232 65011.

### Thursday, February 14

**Bristol Branch, Pharmaceutical Society.** Frenchay Hospital postgraduate medical centre, at 8pm. Speaker from Avon Wildlife Trust on "Avon Wildlife Trust — an illustrated talk."

**Hull Pharmacists' Association.** postgraduate centre, Hull Royal Infirmary, at 7.45pm. Mr D. Terry, Veterinary Surgeon, on "From Ventures to Viruses."

**Manchester Jewish Pharmacists' Association.** postgraduate medical centre, Hope Hospital, Eccles Old Road, Salford at 8pm. Dr G. Torbit, principal microbiologist at Booth Hall Hospital will talk on "Recent advances in virology." Joint meeting with Manchester Pharmaceutical Association and Manchester, Salford and Trafford Branch.

**Stirling and Central Scottish Branch, Pharmaceutical Society.** Terraces Hotel, 4 Melville Terrace, Stirling at 8pm. Dr David Bailey, Welsh School of Pharmacy, Cardiff will speak on "The curious history of contraception." Further details and ticket price from Mrs Linda Joroszek on Stirling 63825.

### Friday, February 15

**Society of Cosmetic Scientists.** London Hilton Hotel, Park Lane, London W1. Annual dinner dance.

**Birkenhead and Wirral Branch, Pharmaceutical Society.** Boathouse Restaurant, Parkgate. Annual dinner dance. Tickets available from any committee member.

**Middlesex Pharmaceutical Group** and the LPCs of Barnet, Brent, and Harrow, Ealing, Hammersmith and Hounslow, Enfield and Haringey and Hillingdon have moved to **15 Station Road, Finchley, London N3 2SB** (tel 01-346 9967).

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Candidates should have a broad experience of marketing preferably in an OTC or FMCG environment.

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**Liz Reitman, Personnel,  
De Witt International Ltd.,  
Seymour Road,  
London E10 7LX.  
Tel: 01-539 3334**



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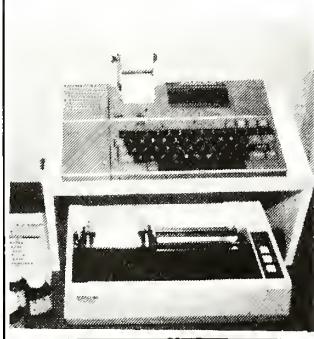
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## Tanna reward on stabbed PC

Ashwin Tanna, of "pharmacy for pharmacists" fame, has organised a £2,000 reward to catch the man who stabbed PC George Hammond in East Dulwich on January 23.

The attack, which has left PC Hammond in intensive care, took place in a sweet shop just across from Mr Tanna's pharmacy in Lordship Lane. As PC Hammond used to be the local policeman on the beat, Mr Tanna appealed to traders and businessmen in the area to contribute to the "George Hammond Reward Fund."

"Some people have donated up to £100," he told C&D. "Mr Hammond is very well-liked; everyone admires him." Mr Tanna hopes to get the fund up to £3,000 and, if it is not paid out, to donate the money to Dulwich Hospital's kidney patients' association appeal.

East Dulwich police said they were "chuffed" with the response from local traders — as far as they know, this is the first time members of the public have put up a reward in this way.

"Smashing" was how PC Hammond's daughter, Jane Ashby, described the gesture: "I'm ever so pleased." As C&D went to press PC Hammond had regained consciousness and his doctors said they were extremely pleased with his progress.

## Second term for Guild president

Michael Cullen, district pharmaceutical officer from Derby, has been elected president of the Guild of Hospital Pharmacists for a second year.

Mr Bill Brookes, district pharmaceutical officer, Crewe, was re-elected vice-president. Miss Marion Dinwoodie, district pharmaceutical officer, Harrow, became professional secretary after four years as editor of the Guild's publication. Mr Peter Sharott was elected editor and Mr John Gilby assistant editor.

Mr Robert Timson was re-elected as the Guild's recommendation for the post of chairman of the staff side of the Pharmaceutical Whitley Council and Mr John Cooke secretary of the education and science committee. The successful



Ms Christine Clark, principal pharmacist, Hope Hospital, Salford, receives the 1984 Nicholas Award from Arthur Smith of Nicholas Laboratories. Ms Clark's paper was entitled "The development of clinical pharmacy training programmes with special reference to the development, structuring and assessment of an in-service training programme"

candidates for the five nationally elected seats were:

Miss M. Dinwoodie, Mr P. Gurnell (staff pharmacist, Sheffield), Mr C. R. Hitchings (regional pharmaceutical officer, South West Thames), Dr J. Pickup (principal pharmacist, QC, Redruth), and Mr R. M. Timson (pharmaceutical officer, Central Notts and Bassettaw).

The successful candidates for district member seats were: Mr V. Fenton-May (Wales), Mr R. G. Pate (Midlands), Mr D. F. Samways (South East), and Mr A. Williams (Scotland and Northern Ireland).

The Council of the Guild of Hospital Pharmacists for 1985 thus comprises the above members together with Mr W. T. Brookes, Mr J. Cooke, Mr A. M. S. Cullen, Mr S. Dorey and Mr J. A. Gilby (national members) and district members Mr H. H. Poole (Northern), Dr R. F. Haines-Nutt (South Western), Mr J. Cronin (North Western) and Mr P. Sharott (London).

**Evans awards:** The Evans Gold Medal for 1985 for a national contribution to hospital pharmacy had been awarded to Mr Robert M. Timson, past president of the Guild, chairman of the staff side of pharmaceutical Whitley Council and member of the Council of the Pharmaceutical Society. The Evans Silver Medal for 1985 for a local contribution to hospital pharmacy had been awarded to Mr Jack Cronin, district pharmaceutical officer, Sefton Health Authority, Liverpool, and former Guild president.

## Tucker's luck

Dr Geoffrey Tucker, of Sheffield University, has been awarded the 1984 SmithKline Foundation prize for research in clinical pharmacology.

Dr Tucker's work encompasses theoretical and clinical pharmacokinetics, the clinical pharmacology of local anaesthetics and genetic aspects of drug metabolism.

He also won a SmithKline & French award in 1962.

## Best radio...

A programme on tinnitus has won the 1984 Medical Journalists' Association/Smith Kline & French Radio Award.

Mr Stewart Siddall, managing director of Smith Kline & French Laboratories, this week presented the £1,000 award jointly to the two producers Jeremy Robinson and David Dawson. The winning programme, "Sounds of destruction", was broadcast on October 30, 1984, by Radio West Midlands.

The annual award, sponsored by Smith Kline & French for the past six years, is for the radio programme that does most to improve the understanding of medical science.

## ...and radio bests

London's Capital radio is inviting chemists to submit a list of three records for DJ David (Kid) Jensen to play on his weekly morning shows.

The idea behind it is that groups or workers from shops, factories and offices should submit three records with some anecdotal reason why they mean something to the company. The group which suggest the best three suggestions and reasons why will get a plaque.

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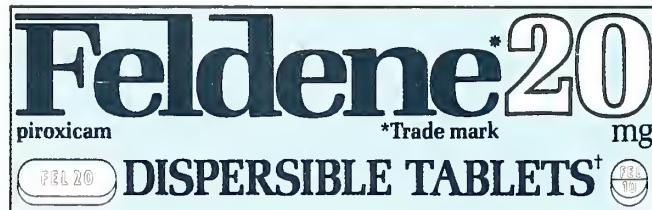
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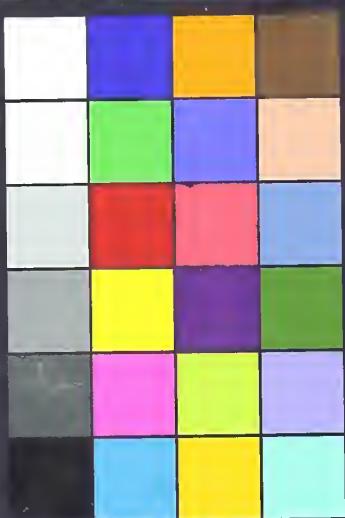
**Prescribing Information:** **Indications:** Feldene is a non-steroidal anti-inflammatory agent indicated for the treatment of rheumatoid arthritis, osteoarthritis, ankylosing spondylitis, acute gout, acute musculoskeletal disorders. **Contra-indications:** Active peptic ulceration or a history of recurrent ulceration. Hypersensitivity to Feldene. Patients in whom aspirin or other non-steroidal anti-inflammatory drugs induce symptoms of asthma, rhinitis or urticaria. **Warnings:** The safety of Feldene during pregnancy and lactation has not yet been established. Dosage recommendations and indications for use in children have not yet been established. **Side Effects:** Feldene is generally well tolerated. Gastro-intestinal symptoms are the most common; if peptic ulceration or gastro-intestinal bleeding occurs Feldene should be withdrawn. As with other non-steroidal anti-inflammatory agents, oedema, mainly ankle oedema, has been reported in a small percentage of patients; the possibility of precipitation of congestive cardiac failure in elderly patients or those with compromised cardiac function should therefore be borne in mind. Various skin rashes have been reported. **Dosage:** In rheumatoid arthritis, osteoarthritis, ankylosing spondylitis – 20mg as single daily dose; the majority of patients will be maintained on 20mg daily. Feldene may be taken with food. In acute gout, start with a single dose of 40mg followed on the next 4-6 days with 40mg daily in single or divided doses. Feldene is not indicated for long term management of gout. In acute musculoskeletal disorders, start with a loading dose of 40mg daily in single or divided doses for the first 2 days. For the remainder of the 7 to 14 day treatment period the dose should be reduced to 20mg daily. Feldene suppositories: recommended dose 20mg once daily. **Basic N.H.S. Cost:** Capsules 10mg coded FEL 10, pack of 60 £9.00 [PL0057/0145] and capsules 20mg coded FEL 20, pack of 30 £9.00 [PL0057/0146]; dispersible tablets 10mg coded FEL 10, pack of 60 £9.90 [PL0057/0240]; dispersible tablets 20mg coded FEL 20, pack of 30 £9.90 [PL0057/0242]; suppositories 20mg, pack of 10 £4.95 [PL0057/0219]. Full information on request. **Pfizer** Pfizer Limited, Sandwich, Kent. †10mg dispersible tablets also available.

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